

Name
in
Full

George W Brathei-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

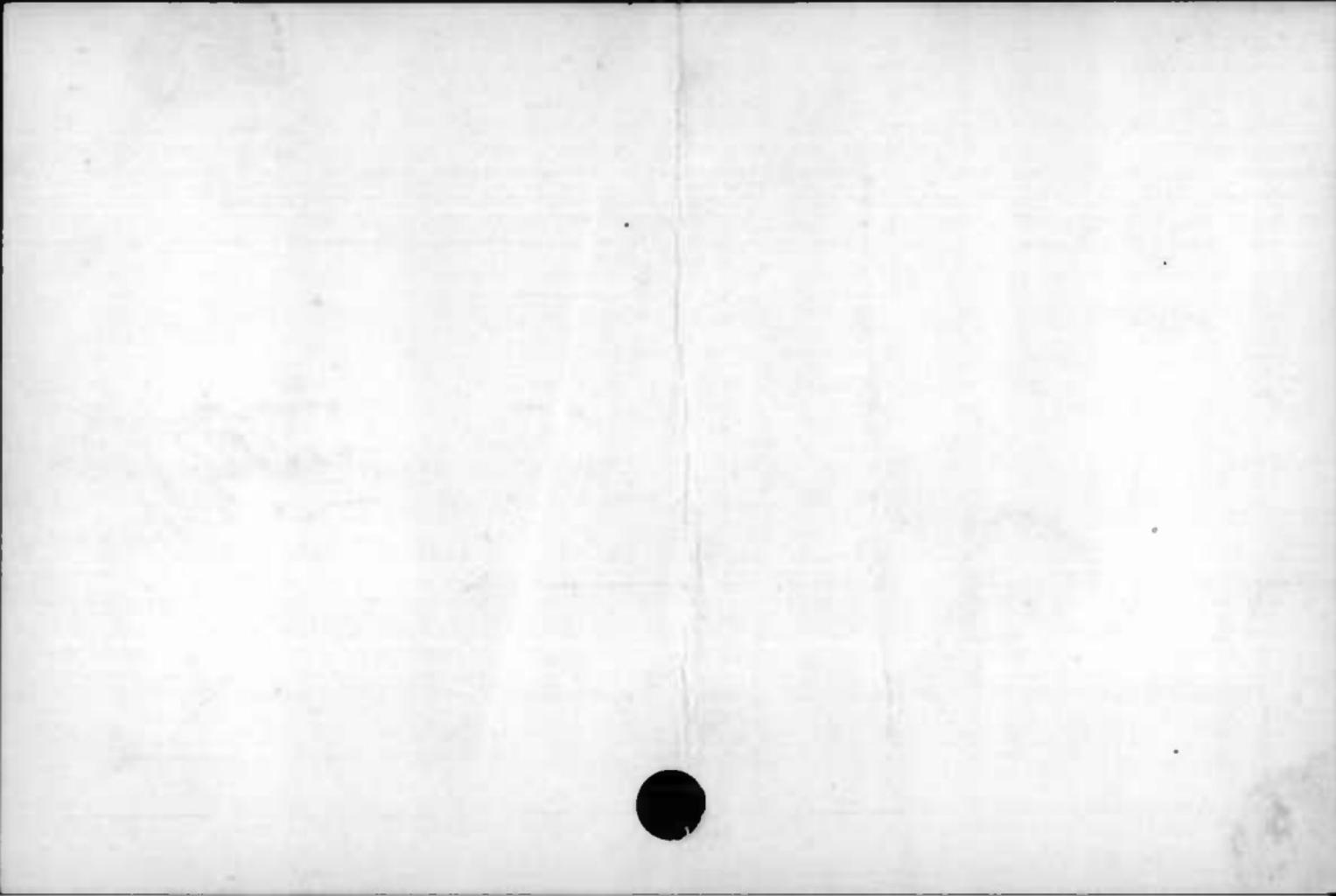
Died at	Town	County	MARYLAND		
Died at	Holiday	Fairfax			
Date of death	Month	Day	Years	Months	Days
190	2	3	67		
Sex	Male	Color or Race		Birth-place	Ward
Occupation	Sailor	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Margari- Brathei-			
Father's Name	John Sunil Brathei-		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Charles A Wickesby		How related to deceased	Nose	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	3rd Years
Immediate	Exhaustion "	How long	8 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Grover Suds
		Address	Sudsbury
Accident or Suicide?			Ward



Name
in
Full

Rachel Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	70	
Occupation	House		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	Charles E. Rees		How related to deceased	None	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Apolplex

How long
several hours

Immediate

Convulsions

How long
several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Hospital Clerks Bureau

Health Commissioners

Accident or Suicide?

No



Name
in
Full

Harry Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	near Luray Am	O. A. Co.	Months	Days	
Date of death	1908	Month 7	Day 28	Age 21	
Sex	Male	Color or Race	Black	Birth-place	Md.
Occupation	Invader		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Widow		
Father's Name	Edward Brown		Father's Birthplace	Caroline Co	
Mother's Maiden Name	Ellen Gibson		Mother's Birthplace	Caroline Co	
Name of person giving information	Luther Young		How related to deceased	None	

CAUSES OF DEATH

32

PHYSICIAN
OR CORONER

Primary Subacute 3 big joint

How long

2 yrs.

Immediate Exhauision

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. C. Brown M.D.

Address

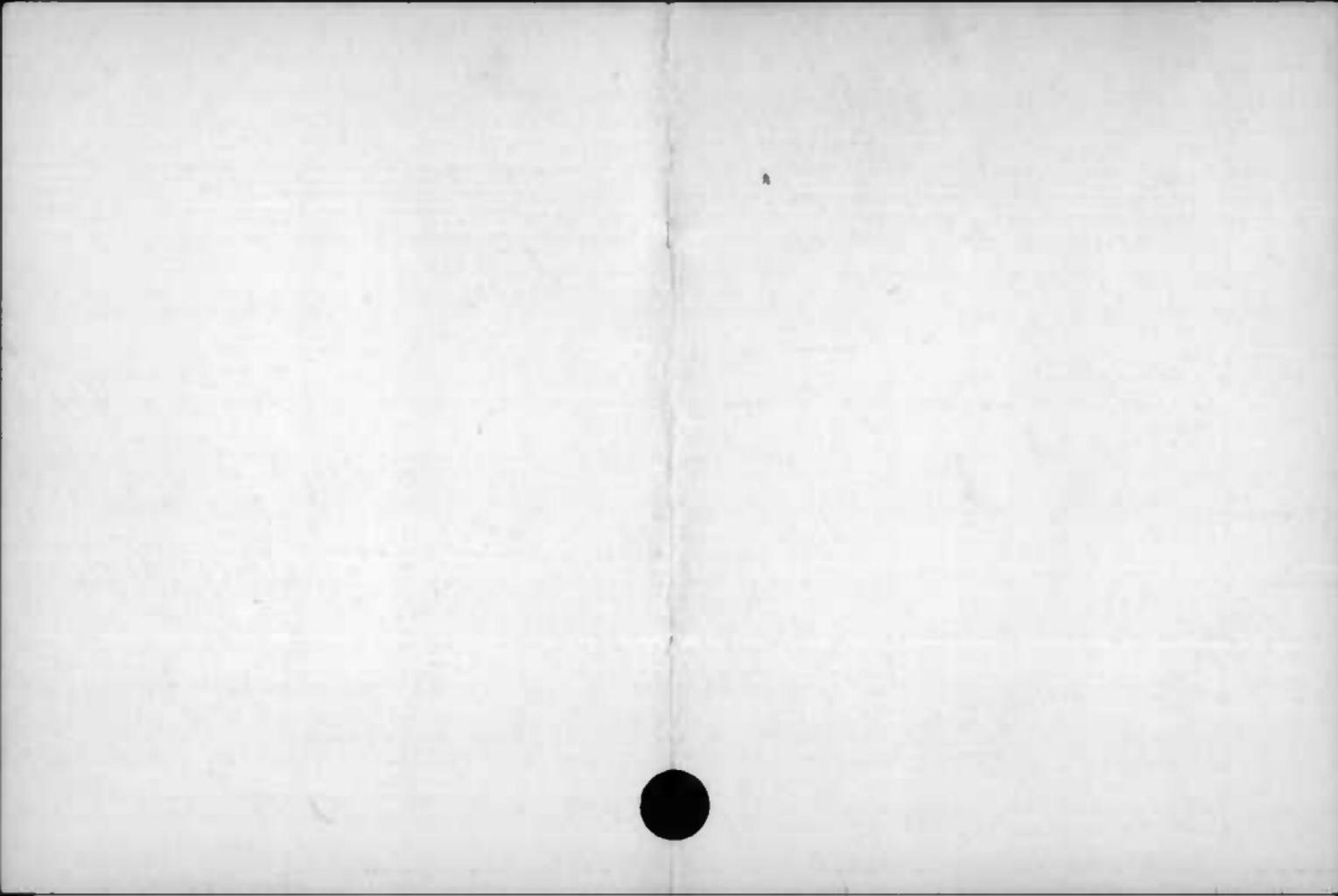
Frederick

Md.

I

Accident or Suicide?

No



Name
in
Full

Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Sixty four		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm M. Brown				
Mother's Maiden Name	Bessie Lopes				
Name of person giving Information	Wm M Brown				

(S)

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Sill Com, Information from Father How long

Immediate " " How long

Are the name, age, sex, color, date
and place correctly given above?

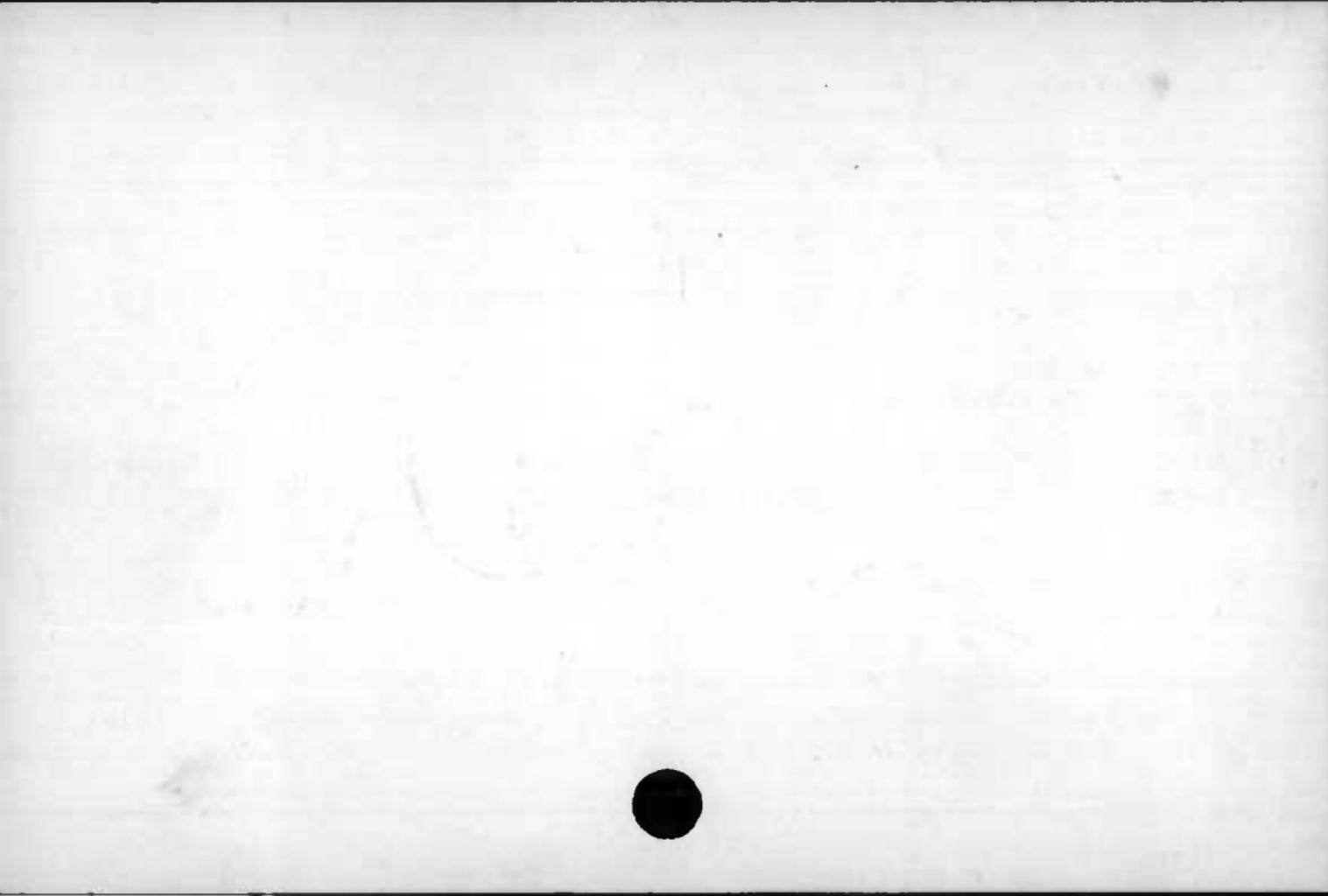
ye

Signature of
Physician

Address

Brooks-Susby
Sudsbury
Sudsbury
Md

Accident or Suicide?



Name
in
Full

Maggie Brower

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Q. A. & Co.		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1908	2	17	—	3	3	6
Sex	Female	Color or Race	Black	Birth-place	Brentsville	
Occupation	Wife	Where Residing if not at place of death	at Brentsville			
Married, Single or Widowed	Sing	Name of Wife or Husband	Albert Brower			
Father's Name			Father's Birthplace	Brentsville		
Mother's Maiden Name	Eadin Phillips		Mother's Birthplace	11		
Name of person giving Information	Ann Jackson		How related to deceased	Grandmother		

CAUSES OF DEATH

90

Primary

Feeling cold

How long 3 weeks

Immediate

Gleam in throat

How long 3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

none

Address

Accident or Suicide?

none

John W. Warren Det. Regis



Name
in
Full

Charles W. Bully

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>West Sudsbury</u>		Town	County <u>Mass</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>10</u>	Age <u>59</u>	Years	Months <u>5</u>	Days <u>5</u>	
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>				
Occupation <u>Farmers</u>	Where Residing if not at place of death <u>Laura H. Bully</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Laura H. Bully</u>		Father's Name <u>Moses Bully</u>		Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Stephens</u>					Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Laura H. Bully</u>					How related to deceased <u>wife</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Died suddenly, Heart

How long

Died suddenly

Immediate

Heart

How long

Fell dead

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

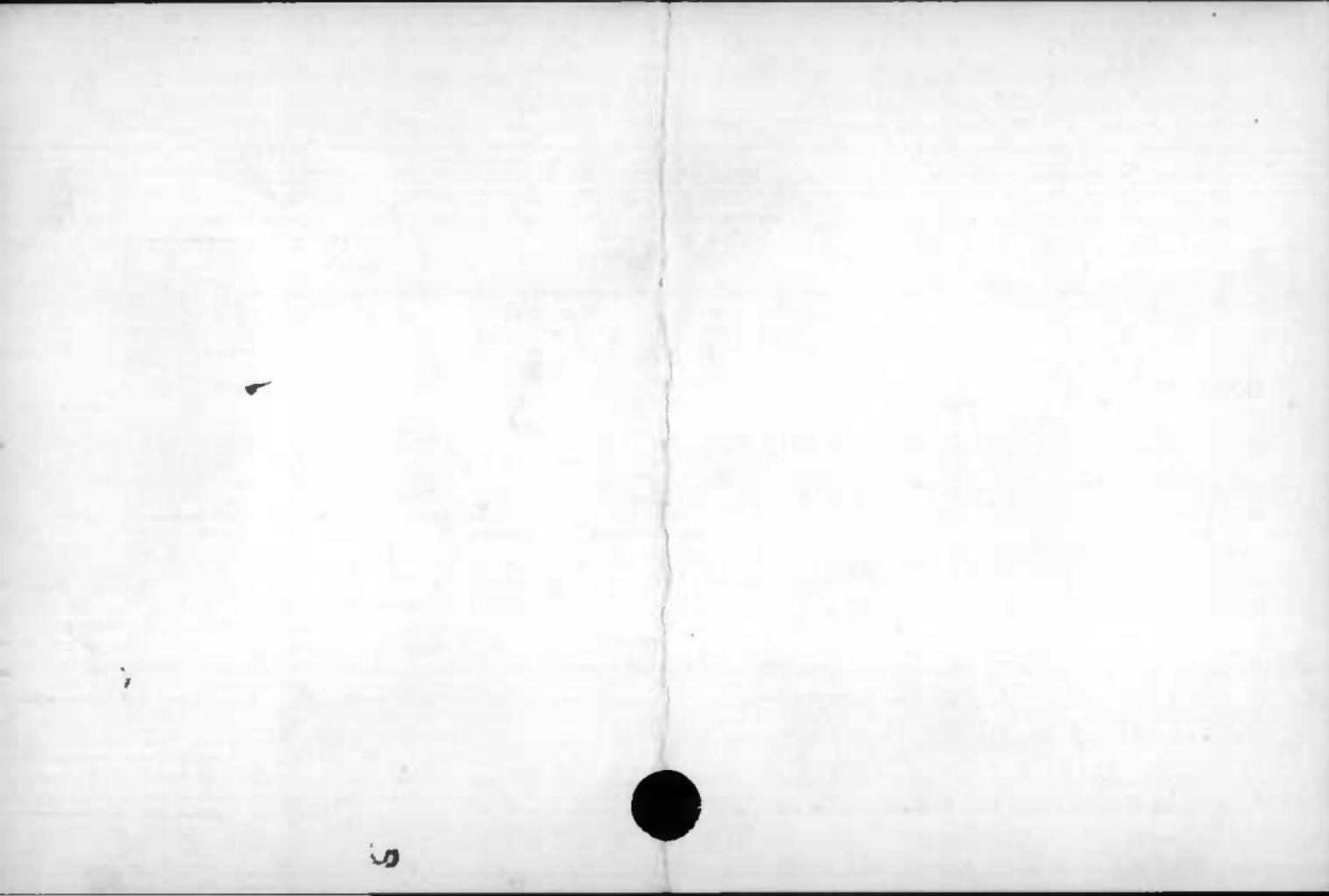
Address

Mos'et Sudsb

Sudsbury Md

H

Accident or Suicide?



Name
in
Full

Samuel Edward Butten

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at near Winchester	County Q. C.	MARYLAND	
Date of death 1908	Month Feby	Day 29	Years Age 73
Sex Male	Color or Race Colored	Birth- place Winchester, Md	Months 11
Occupation Piece work (alarm)	Where Residing if not at place of death 11 6		
Married, Single or Widowed Married	Name of Wife or Husband Sarah A. Butten		
Father's Name James Butten	Father's Birthplace Q. C., Md.		
Mother's Maiden Name Dont know	Mother's Birthplace Dont know		
Name of person giving Information John W. Scott	How related to deceased Ht son		

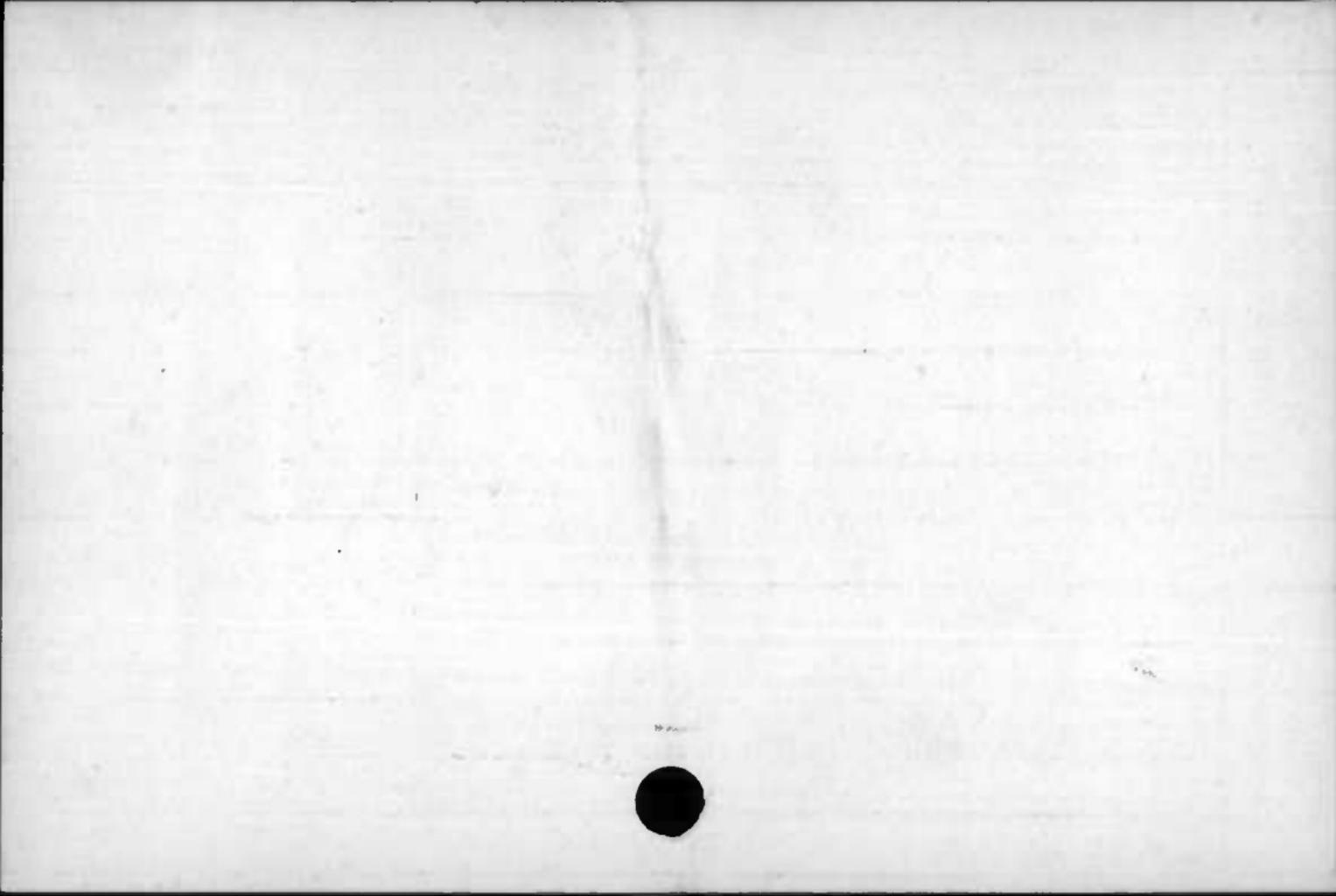
CAUSES OF DEATH

64

Primary Apoplexy	How long Two days
Immediate Cardiac Failure	How long Two hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Rowland St. Lore
Address Inletmut; Bryans, Church,	Address Queensbury, Md
Accident or Suicide? Chuch,	

PHYSICIAN
OR CORONER





Name
in
Full

William Lloyd Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age	5	19
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas. Wrightson Butler	Father's Birthplace			S. A. C. I. Md.
Mother's Maiden Name	Mary Ford	Mother's Birthplace			S. A. C. I. Md.
Name of person giving Information	Mrs. Annie M. Ford	How related to deceased			maternal grand- mother

CAUSES OF DEATH

92

How long

six days

How long

Two hours

Primary

Broncho-pneumonia

Immediate

Exhaustion Heart failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Rosalind St. Ford

Queenstown, Md.

PHYSICIAN
OR CORONER

I

Accident or Suicide?



Name
in
Full

Mr. James Carter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		

Died at Stevensville, Queen Anne's County, Maryland
Date of death 1908 Month 2 Day 29 Years — Months — Days —
Sex Male Color or Race white Birth-place Queen Anne's.
Occupation Farmer Where Residing if not at place of death Queen Anne's.

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Father's Name	Mother's Birthplace	
Mother's Maiden Name	Mother's Birthplace	
Name of person giving information	Relationship to deceased	

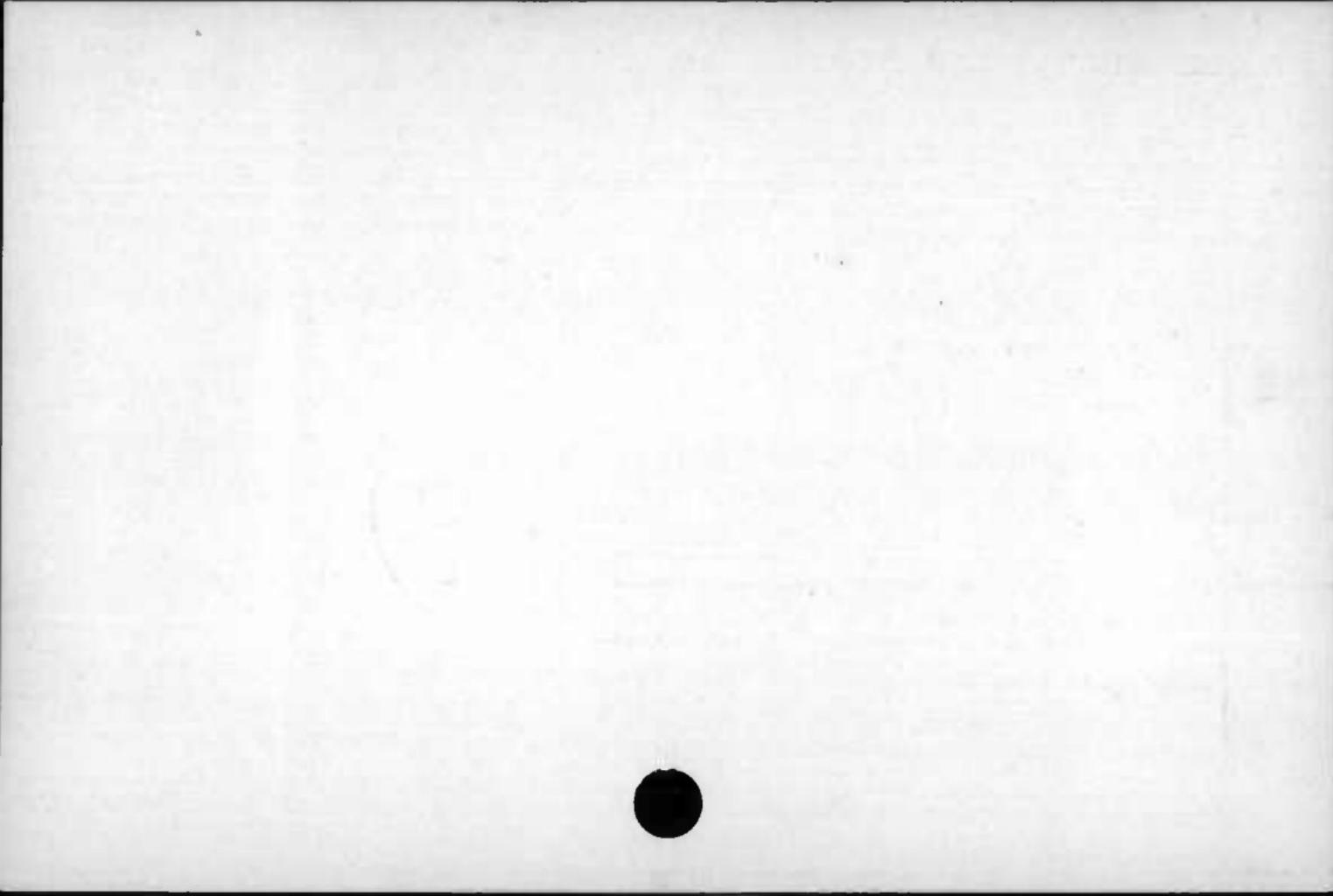
Married, Single or Widowed Separated Name of Wife or Husband W. Everford Carter Father's Birthplace Galena
Father's Name W. Everford Carter Mother's Birthplace Galena
Mother's Maiden Name Hannah Elsie Stevens Mother's Birthplace Galena
Name of person giving information W. W. Carter Relationship to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Still Born	—
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Primary Cause of Death: Still Born
Immediate Cause of Death: —
Are the name, age, sex, color, date and place correctly given above? —
Signature of Physician: H. P. Stump for wife
Address: Stevensville, Queen Anne's.
Accident or Suicide? —



Name
in
Full

Charles Cayton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Stevensville	St. Mary's Co.	Co.	2	Days
Date of death	1908	Month	Day	Years	Months
Sex	Male	Color or Race	Colored	Birth-place	Kent Co.
Occupation	Oysterman			Where Residing if not at place of death	Kent Co.
Married, Single or Widowed	Married	Name of Wife or Husband	Fairy Denny	Father's Birthplace	Kent Co.
Father's Name	Harry Cayton			Mother's Birthplace	" "
Mother's Maiden Name	Unknown			How related to deceased	None
Name of person giving information	Fay Robinson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

4 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

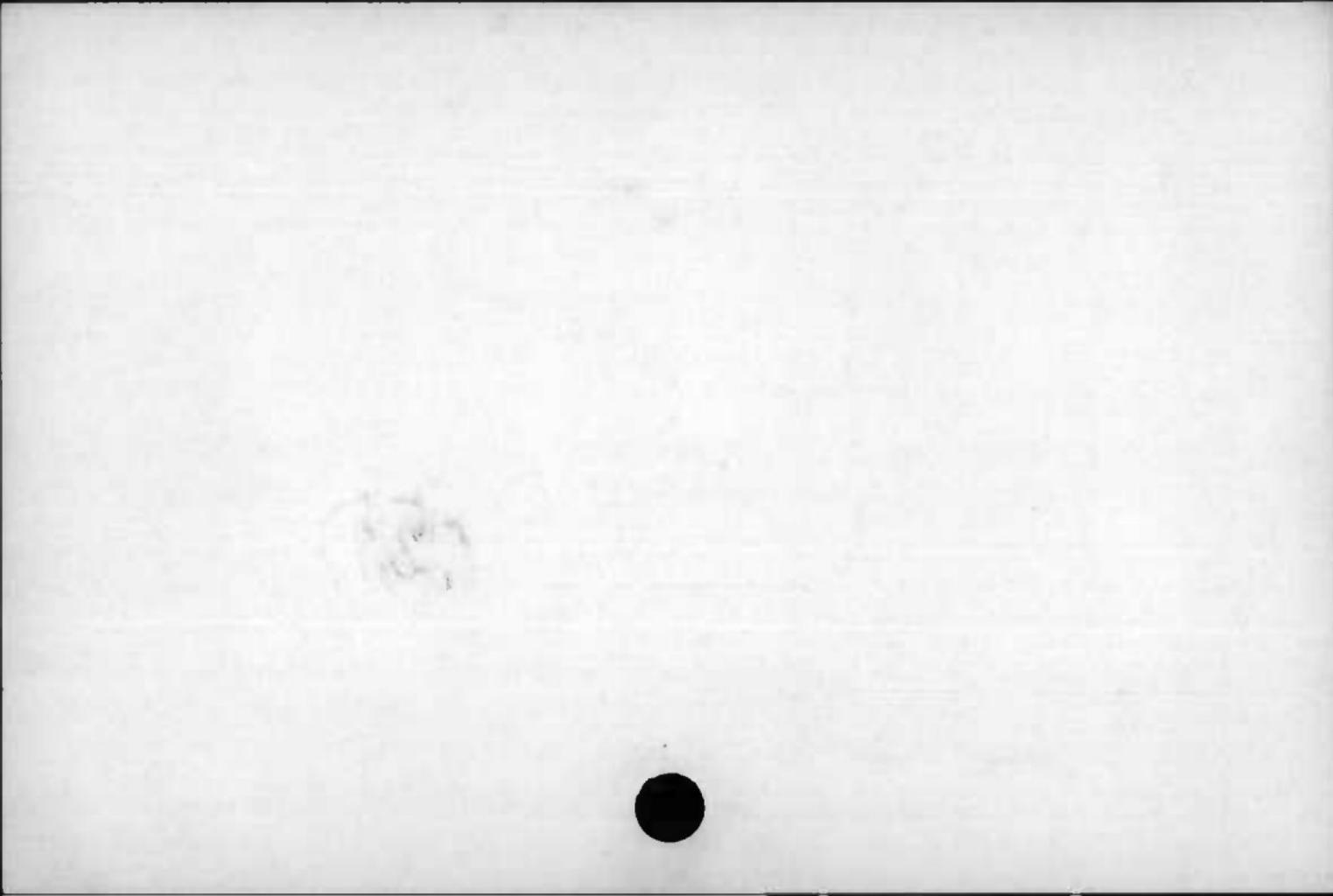
so far
as I know -

Signature of Physician

Address

Wm. E. Hyde
Stevensville, Md

Accident or Suicide?



Name
in
Full

Oakland Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Lunenburg		County	Maryland	
Date of death	Month	Day	Years	Months	Days
1908	Feb.	18	Age	11	21
Sex	Male	Color or Race	White	Birth- place	Maryland
Occupation	Child		Where Residing if not at place of death	Winchester	
Married, Single or Widowed			Child		
Father's Name	Harry Collier		Father's Birthplace	Maryland	
Mother's Maiden Name	Gertrude Holden		Mother's Birthplace	Maryland	
Name of person giving Information	Byron Holden		How related to deceased	Nephew	

CAUSES OF DEATH

9

Primary

Spasmodic Convulsions

How long

1 day

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

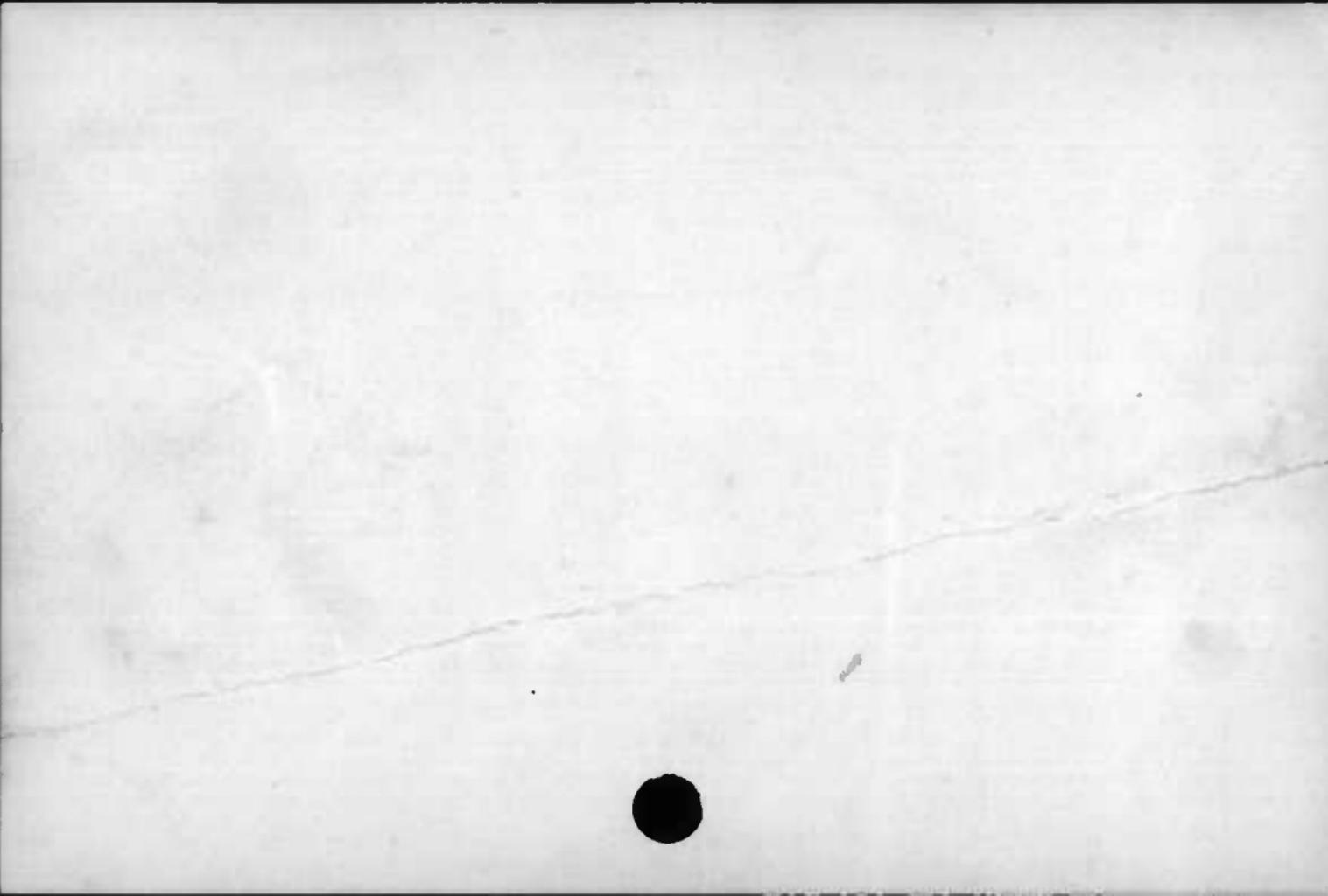
Address

J.W. Slack M.D.
Wife Mills Street

PHYSICIAN
OR CORONER

14

Accident or Suicide?



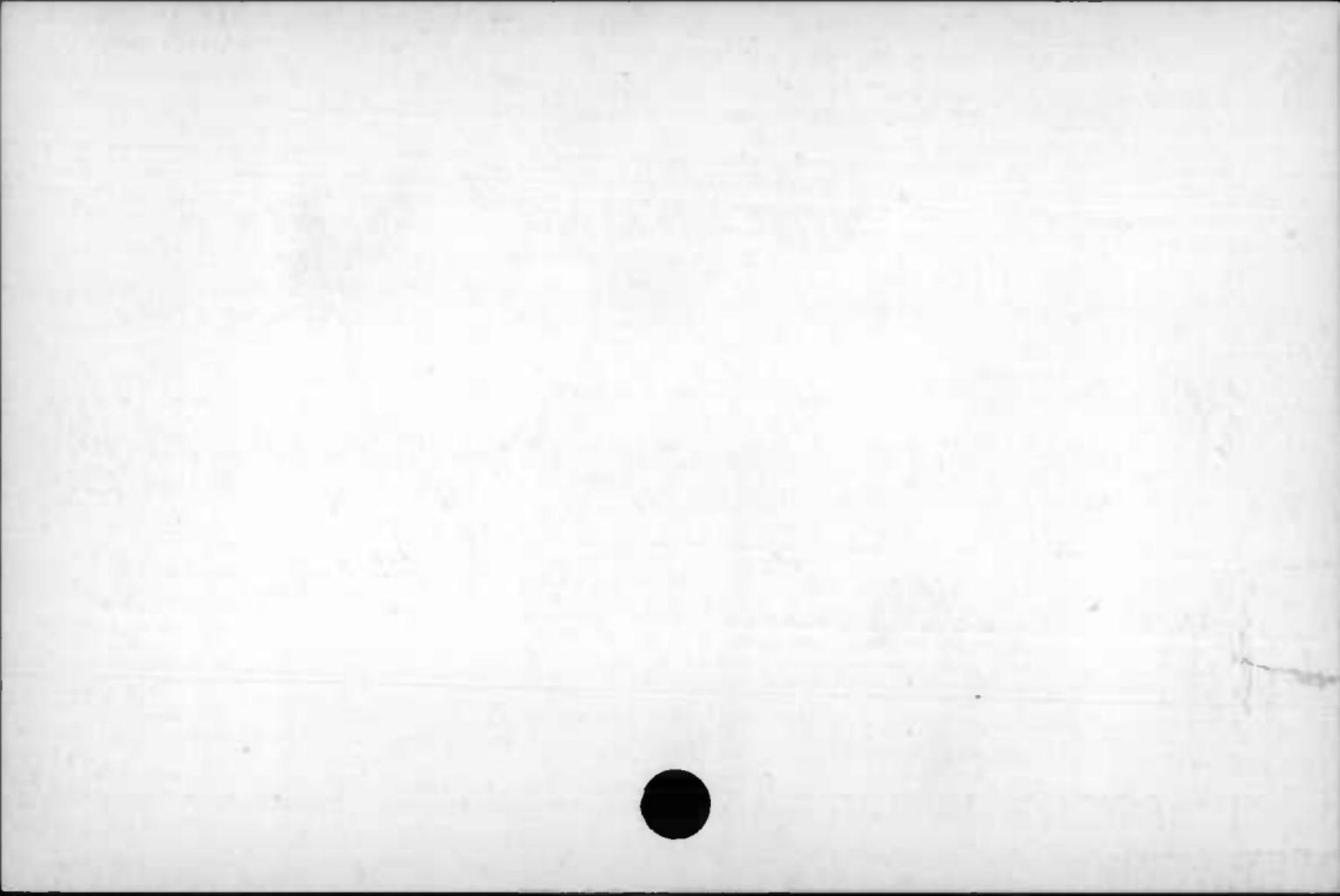
in
Full

Isabel Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Centreville</u>		County <u>Queen Anne</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>14</u>	Age <u>one</u>	Years <u>0</u>	Months <u>1</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Spaniard neck</u>			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>John Gibbs</u>					
Mother's Maiden Name	<u>Henny Baynance</u>					
Name of person giving Information	<u>Henny Baynance</u>					
CAUSES OF DEATH						
Primary	<u>Teething</u>		<u>71</u>		How long	<u>New York</u>
Immediate	<u>Convulsions</u>				How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address	
			<u>John W. Warman</u>		<u>Coroner</u>	
Accident or Suicide?						



Name
in
Full

Doris Queen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	Black		
Occupation	Cook		Where Residing if not at place of death		Queensbury	
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name	Rose Queen		Mother's Birthplace		Unknown	
Name of person giving Information	L. L. Millson		How related to deceased			
CAUSES OF DEATH						
Primary	Pneumonia (tuberculosis)			How long	Three months	
Immediate	Exhaustion			How long	Seven days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Rowland H. Ford		
			Address	Queensbury, Md.		
Accident or Suicide?						

27

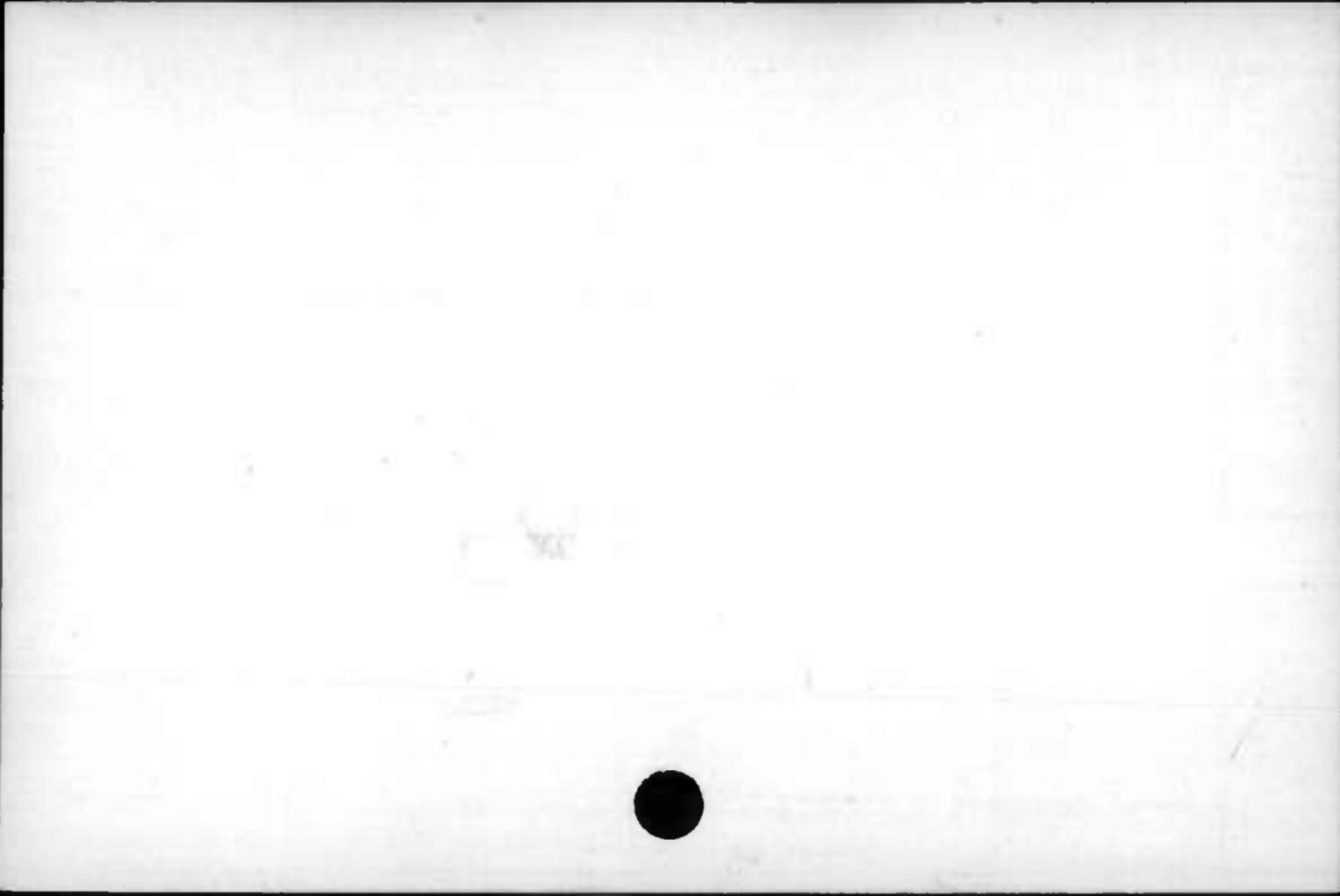
PHYSICIAN
OR CORONER

I
Am I

Yes

Signature of Physician

Address



Name
In
Full

Herman Hardy

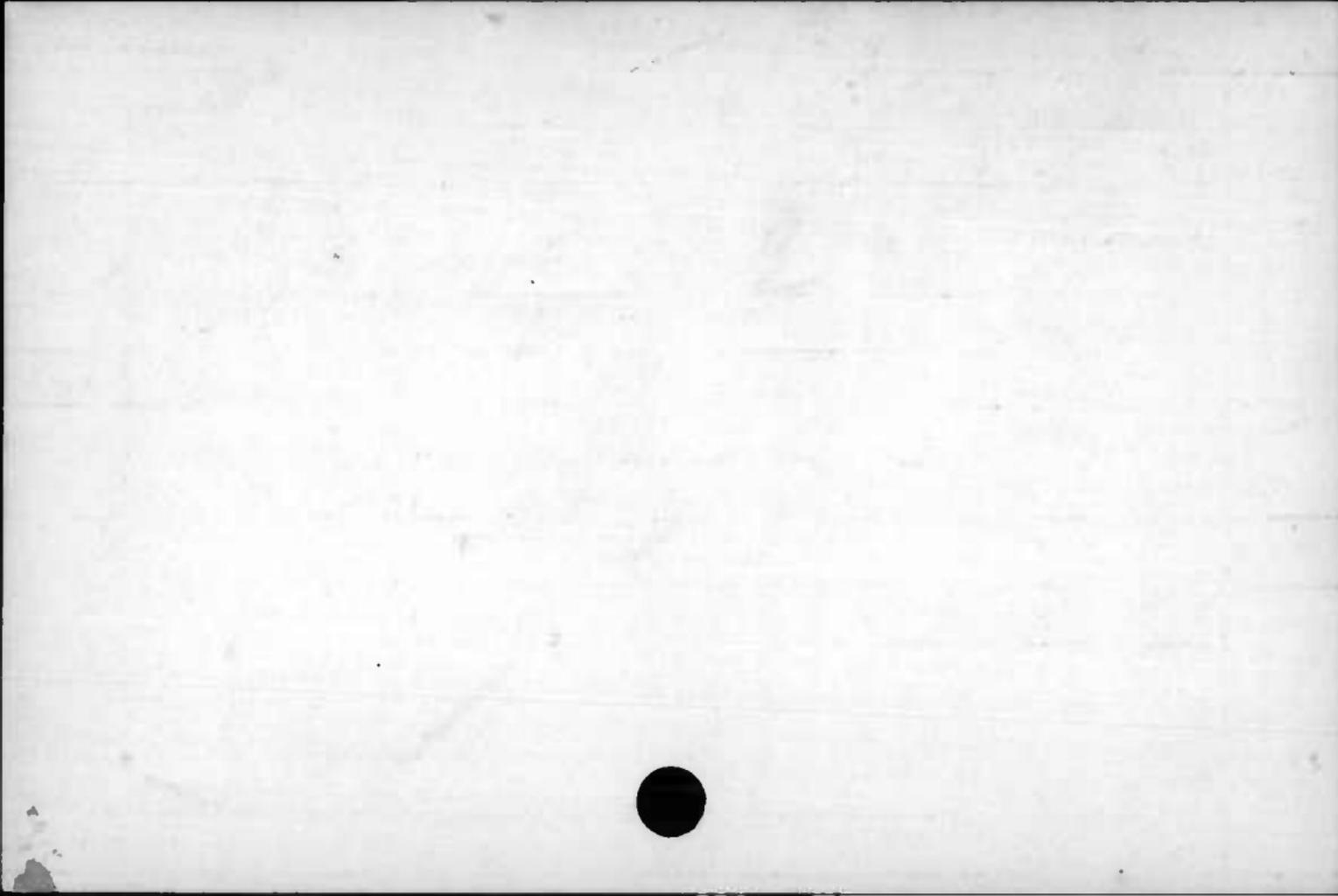
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore Co. Queen Anne</u>		County <u>Queen Anne</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>20</u>	Years <u>—</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>B.C. Co., Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Herman Hardy</u>	Father's Birthplace <u>B.C. Co., Md.</u>				
Mother's Maiden Name <u>Dicecia Little</u>	Mother's Birthplace <u>B.C. Co., Md.</u>				
Name of person giving information <u>Herman Hardy</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary	<u>Heart disease</u>				
Immediate	<u>Heart failure</u>				
Are the name, age, sex, color, date and place correctly given above?		Yrs <u>79</u>	Signature of Physician <u>Rowland S. Lovell</u>	How long <u>Don't know</u>	
Address <u>Entomist, Pungo, N.C.</u>		<u>Queentown, Md.</u>			
Accident or Suicide? <u>No</u>					

PHYSICIAN
OR CORONER

I



Name
in
Full

James W Harrington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Born at	Town	County	MARYLAND		
Died at	Kear Price Station	2 a'os			
Date of death	Month	Day	Years	Months	Days
1908	Feb	18	82		
Sex	Male	Color or Race	White	Birth- place	Caroline Co Md
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Charlotte Brown		
Father's Name	William Harrington	Father's Birthplace	Caroline Co		
Mother's Maiden Name	Mary Clements	Mother's Birthplace	184		
Name of person giving Information	Hannah Murphy.	How related to deceased	Daughter		

CAUSES OF DEATH

10

Primary
La grippe & old age

How long

15 days

Immediate
Asthma

How long

6 days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

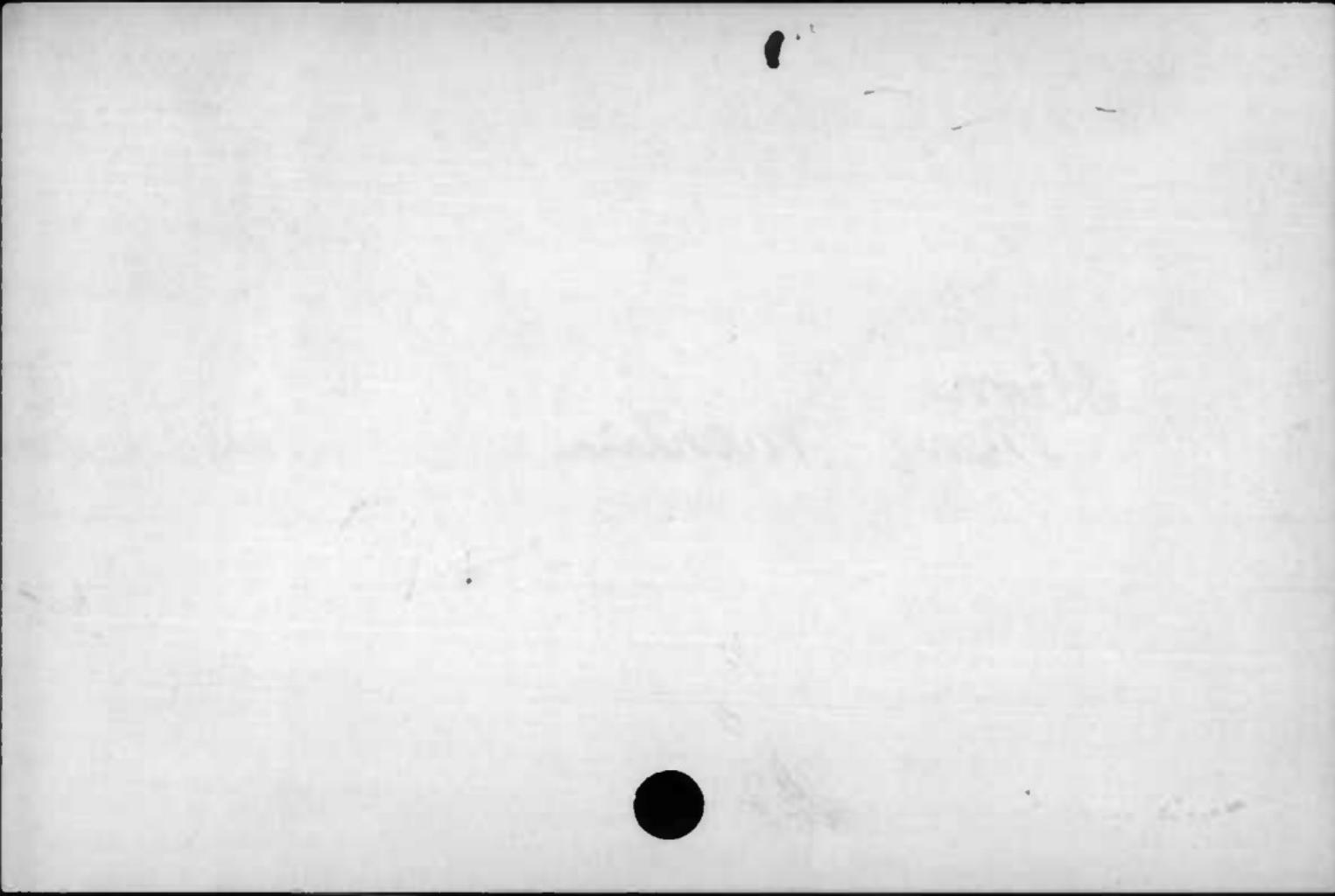
Address

J. G. Leppage
Cheswick Hill
Ind

PHYSICIAN
OR CORONER

11

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dayill Harris

CERTIFICATE OF DEATH

MARYLAND

Died at

Stevensville

Town

8.9.
County

Date
of death

1908

Month

Feb Day

Years

58

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Kent &

Occupation

Fisherman

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Hester Harris

Father's
Name

Hensley Harris

Father's
Birthplace

Rept Island

Mother's
Maiden Name

Mary Martin

Mother's
Birthplace

Rept Island

Name of person giving
Information

William Henry

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Heart Disease

79

How long

Several Years

Immediate

Dropsy & exhaustion

How long

3 or 4 months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Wm. Henry
Stevensville

Accident or Suicide?

H





Name
in
Full

Mahala Hellendorfer ~~Hellendorfer~~

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	30	11	8
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sebastian Hellendorfer			
Father's Name	John St. George				
Mother's Maiden Name	Mary Ann Blum				
Name of person giving Information	C. Hare				

27

How long

4 or 8 yrs

How long

24 hours

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Exhausion

Are the name, age, sex, color, date and place correctly given above?

Yes

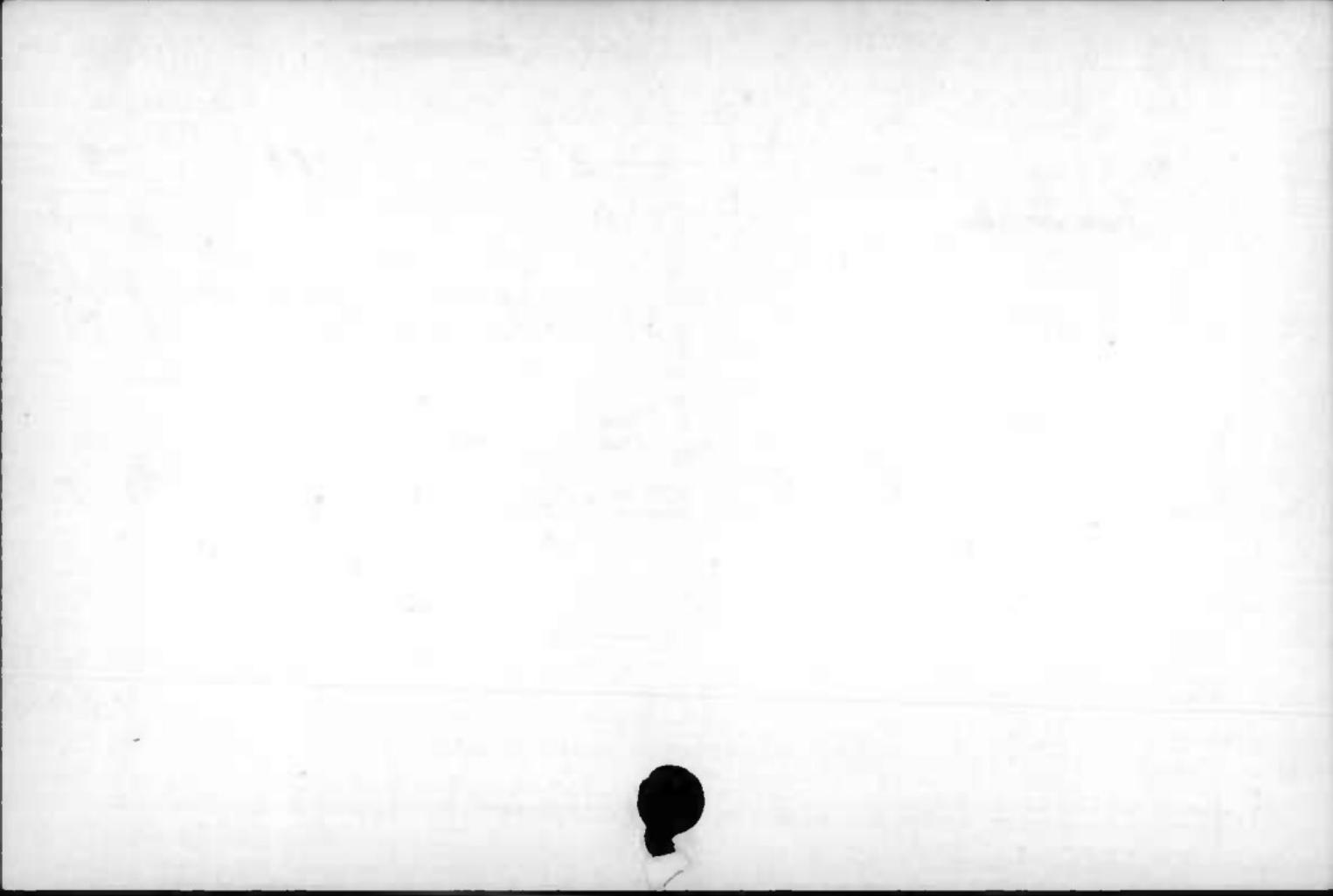
Signature of Physician

Address

Monksdale MD
Centreville
Maryland

Accident or Suicide?

No



Name
in
Full

Jacob Steiner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

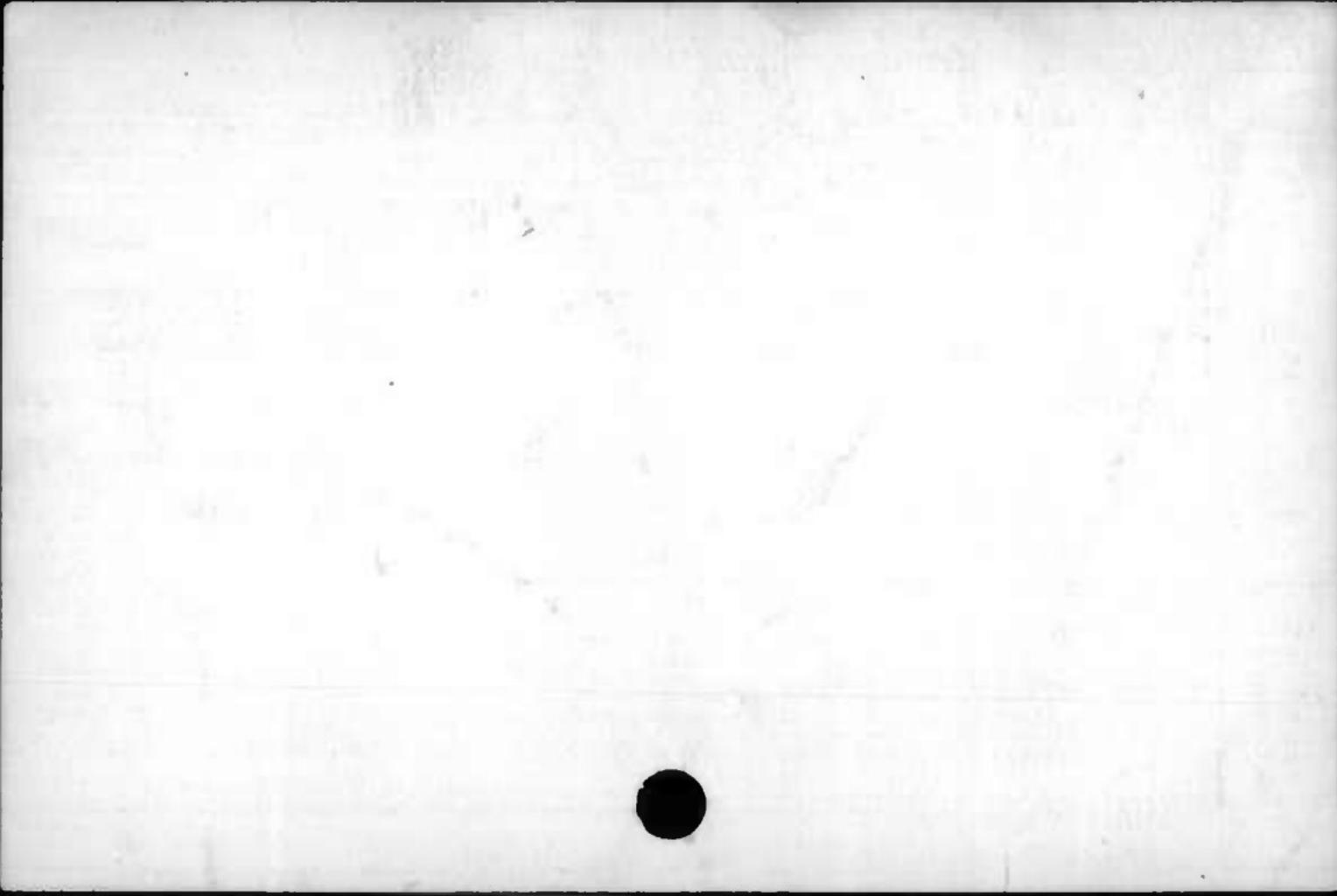
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Ellen Wilson			
Father's Name	Harris				
Mother's Maiden Name	Peggy Harris				
Name of person giving information	Arthur Hopkins				

CAUSES OF DEATH

95

Primary	Pulmonary emphysema	
Immediate	3 days.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long
	Address	How long
Accident or Suicide?	No	

H



Name
in
Full

Ann Eliza Hollingsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died her Barley Town

County

MARYLAND

Date of death 1908 Feb. Month

Day

Years

Months

Days

Age 82

I

9

Sex Female

Color or Race

white

Birth-place

Kent C. Md.

Occupation

Lady

Where Residing if not
at place of death

as place of death

Married, Single
or Widowed

widow

Name of Wife or Husband

Cabin Hollingsworth

Father's Name

Sam Hepburn

Father's Birthplace

Kent C. Md

Mother's Maiden Name

Anya Dervoebrune

Mother's Birthplace

Greenstone, Md

Name of person giving information

Rev. S. S. Hepburn

How related to deceased

Cousin

CAUSES OF DEATH

93

Hemorrhage

10 days.

How long

3 days.

Primary

Pneumonia

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. G. Leppage
Church Hill

mg

PHYSICIAN
OR CORONER

H

MENT OF SCIENCE?

At Home

Name
in
Full

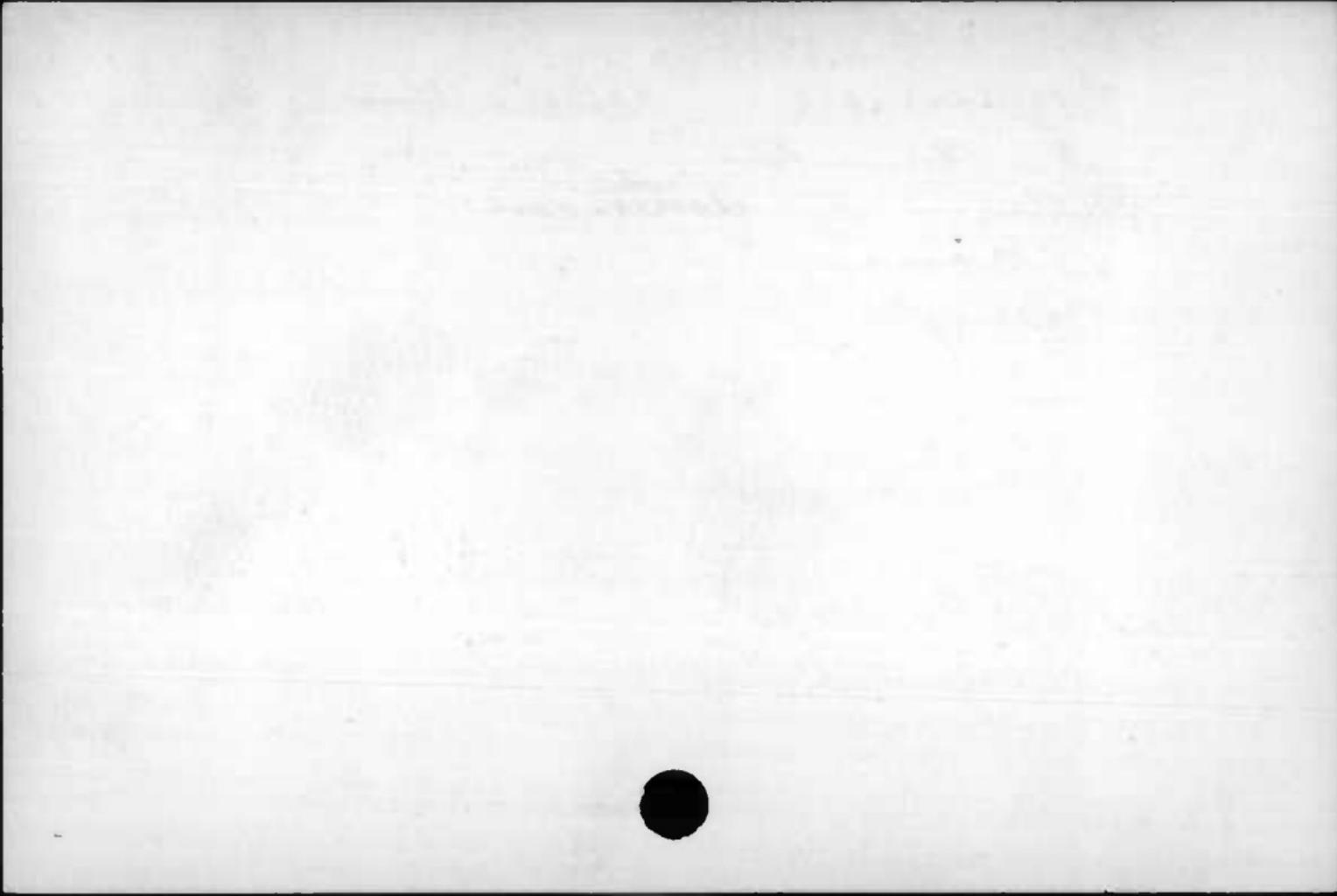
Emaline Jewel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Centreville</u>		County <u>Queen Anne</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>7</u>	Day <u>9</u>	Years <u>80</u>	Age	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co. Del</u>				
Occupation		Where Residing if not at place of death <u>Ridgely Md</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Geo. W. Jewel</u>					
Father's Name <u>Ford</u>	Father's Birthplace <u>Del</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>					
Name of person giving information <u>Fred Stewart</u>	How related to deceased <u>Son in law</u>					
CAUSES OF DEATH						
Primary <u>Chronic Nephritis</u>	How long <u>4 yrs</u>					
Immediate <u>Heart Failure</u>	How long <u>sudden</u>					
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard J. DeLong</u>					
	Address <u>Baltimore Md.</u>					
Accident or Suicide?						



Name
in
Full

George Sasner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Caral M Sasner			
Father's Name	Matthew Sasner				
Mother's Maiden Name	Cathyann				
Name of person giving Information	Geo Chamber				

93

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Presynovia

How long

1 Mth

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Gas

Signature of Physician

Address

J. S. Dudley MD
Church Hill
Mortlawn

H

Accident or Suicide?

No



Name
in
Full

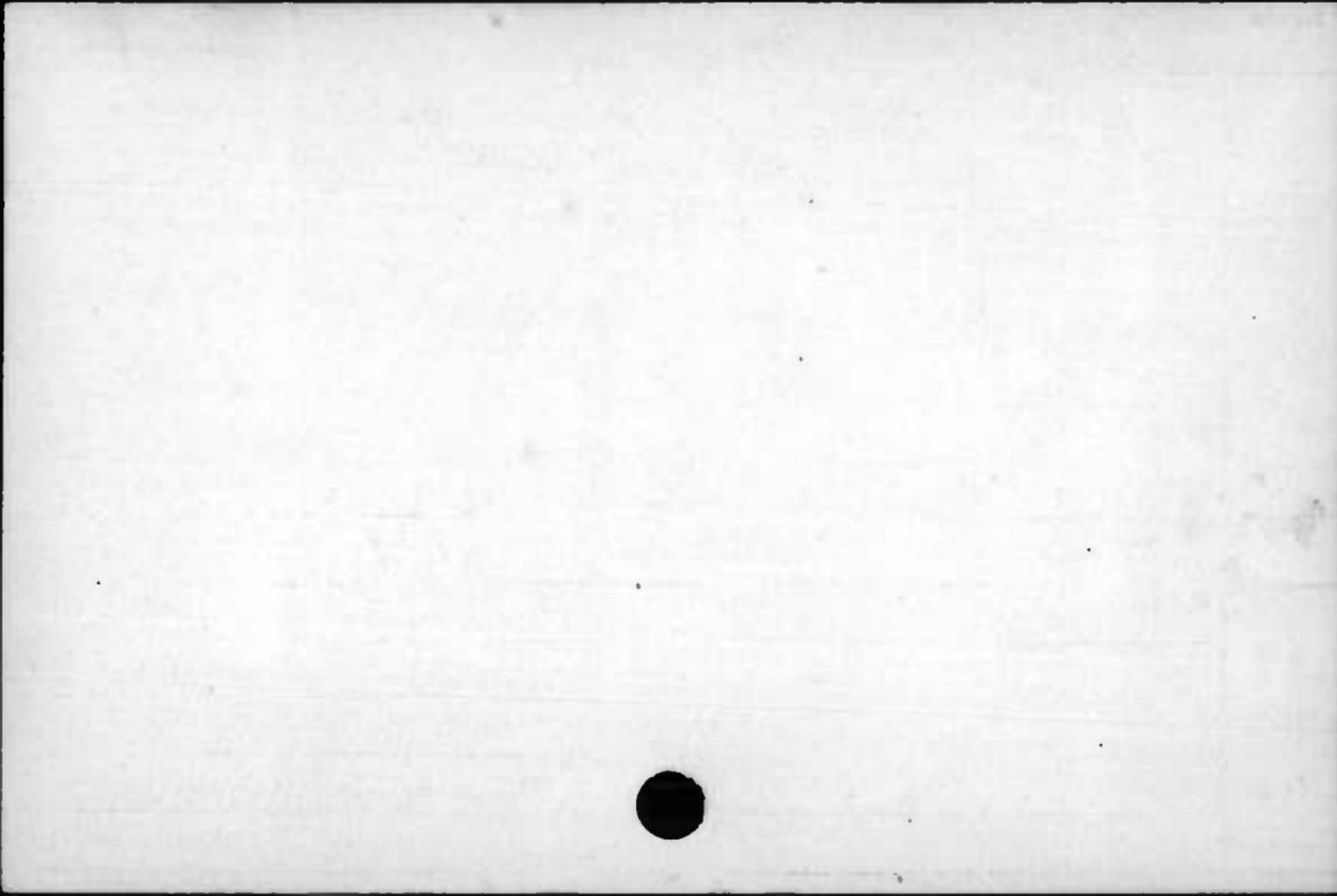
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Mattern					CERTIFICATE OF DEATH		
Died at	Town	County					
Died at <u>Dear Town</u>		<u>Oxfordville</u>	<u>Q.A. 80</u>				
Date of death	Month	Day	Years	Months	Days		
1908	2	12	1	2	28		
Sex	Color or Race	Birth-place					
Male	Black	<u>Q.A. 80.</u>					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	<u>Dear. town</u>					
Father's Name	Name of Wife or Husband						
Charles Mattern	<u> </u>						
Mother's Maiden Name	Mother's Birthplace						
Mary Mather	<u> </u>						
Name of person giving information	Father's Birthplace						
Charles Mattern	<u>Q.D.</u>						

CAUSES OF DEATH

Primary	Effect of Cola	
Immediate	do not know died suddenly at night	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	none	
	John Warmon Sub Register	



Name
in
Full

Lillian Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Wye Mills	Town	County	MARYLAND		
Date of death	1908	Month Feb	Day 23	Years 1	Months —	Days 13
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Child	Where Residing if not at place of death Wye Mills				
Married, Single or Widowed	Child	Name of Wife or Husband	Child	Father's Birthplace	Maryland	
Father's Name	Benj. H. Morris	Mother's Maiden Name	Marcell	Mother's Birthplace	Maryland.	
Name of person giving information	Benj. H. Morris	How related to deceased	Father			

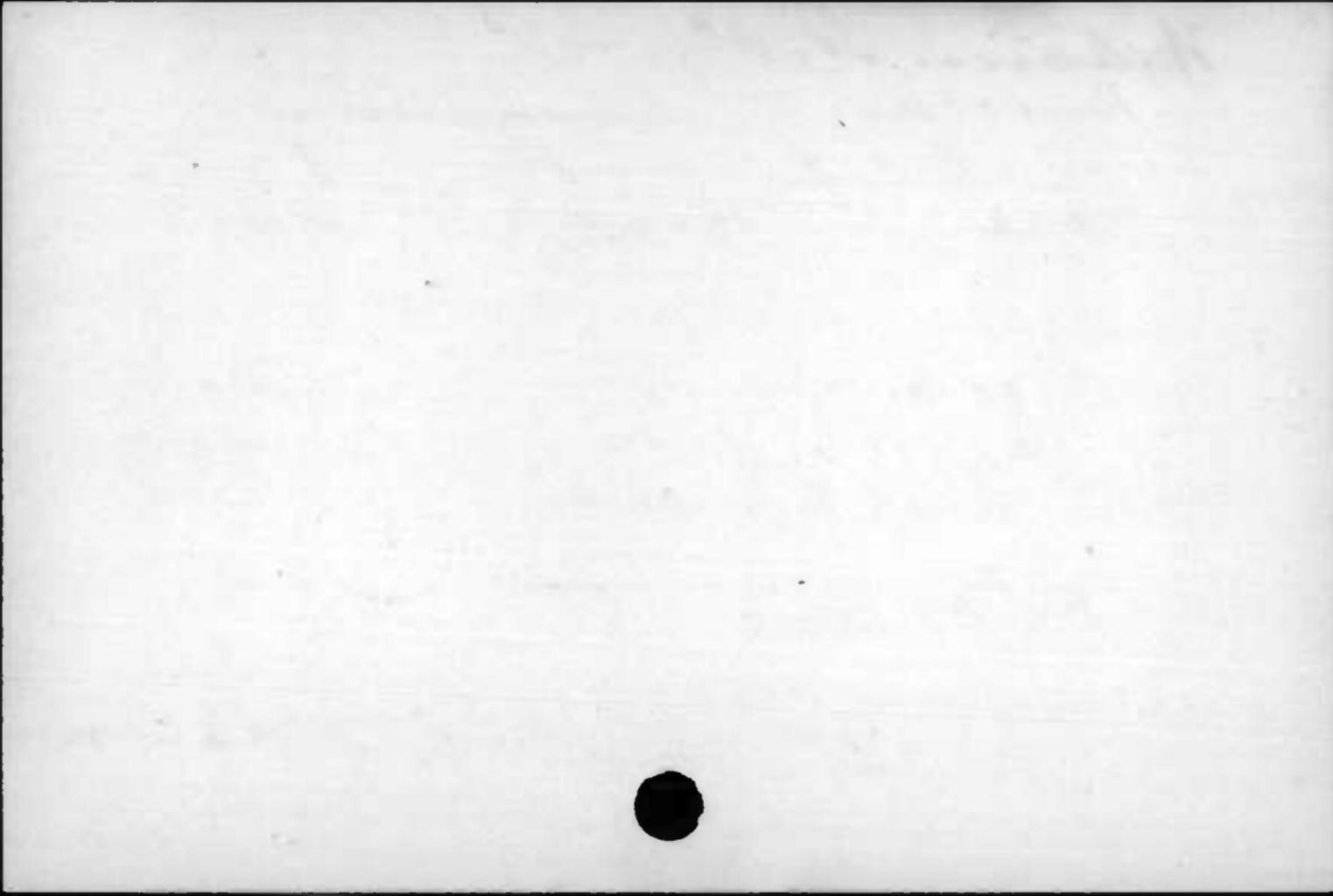
CAUSES OF DEATH

(93)

Primary	Cobal Pneumonia &	
Immediate	Cerebral Meningitis, General Paralysis	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Accident or Suicide?	W. Stack M.D. Wye Mills, Md.	

PHYSICIAN
OR CORONER

H



Name
in
Full

William H. Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Barclay	Marion	Anne		MARYLAND	
Date of death	1908	Month	2	Day	9	Years
					Age	1
Sex	Male	Color or Race	Black		Birth- place	Jug.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Silas C. Myers

Father's
Birthplace

MD -

Mother's
Maiden Name

Sarah E. Warner

Mother's
Birthplace

MD -

Name of person giving
Information

Silas C. Myers

How related
to deceased

Father

CAUSES OF DEATH

27

How long

one year

Primary

Phthisis

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

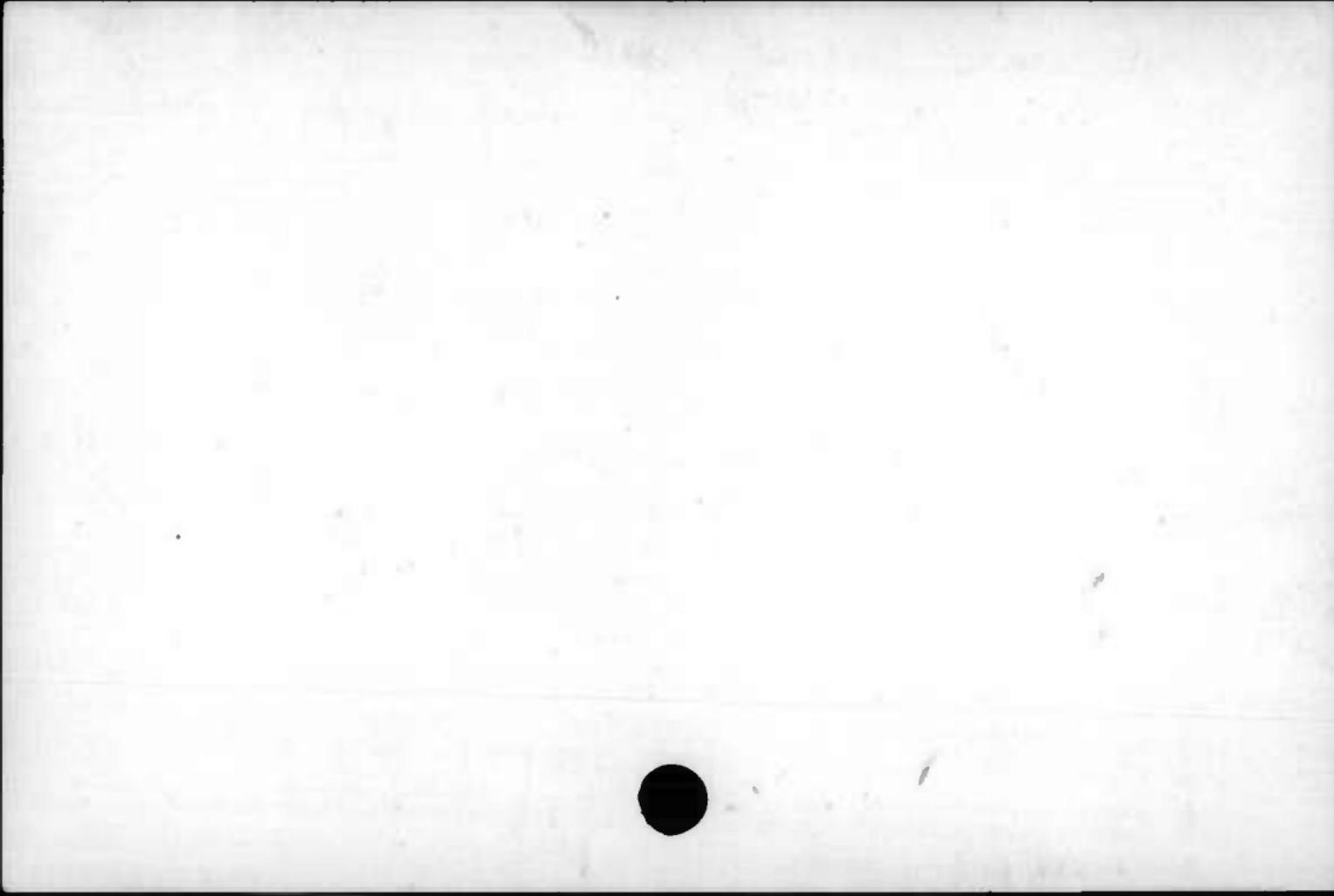
Signature of
Physician

Address

J. P. Smith, Phys to Coronor

Accident or Suicide?

S. G. Faulkner Acting Coronor



Name
in
Full

Susan Annah Remmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Centreville	County	Queen Anne	MARYLAND	
Date of death	Month	1908 2	Day	19	Years	63
Sex	Female	Color or Race	White-American	Birth-place	2 a. Co. Md.	
Occupation	House Wife	Where Residing if not at place of death			St. Johns Md	
Married, Single or Widowed	Widow	Name of Wife or Husband	Joseph C. Remmer			
Father's Name	Jeremiah Godwin			Father's Birthplace	2 a. Co. Md	
Mother's Maiden Name	Susan A. Hooper			Mother's Birthplace	2 a. Co. Md	
Name of person giving Information	J. Wesley Bordley			How related to deceased	son in law	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular disease of the heart

How long

2 years.

Immediate

Myocarditis

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

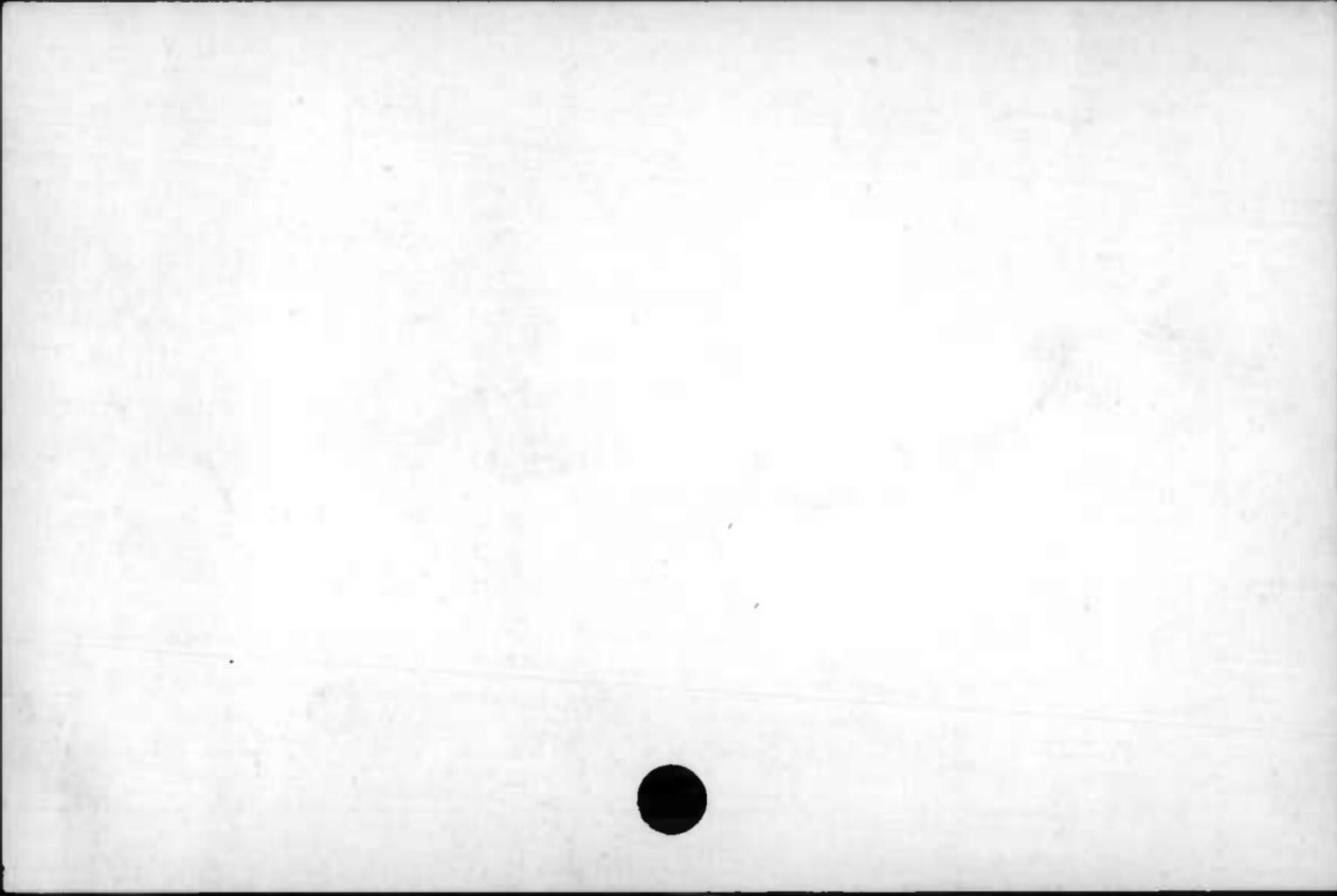
Address

E. F. Smith

Centreville

Md.

Accident or Suicide?



Name
in
Full

Alfred Rochester

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Ingleside		Town	Queen Anne's		County	MARYLAND	
Date of death	1908	Month February	Day 29	Age	Years	Months	Days
Sex	Male	Color or Race	Black		Birth-place	near Ingleside	
Occupation	None				Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Alfred Rochester					Father's Birthplace	near Tilghman
Mother's Maiden Name	Addie Buff					Mother's Birthplace	near Philes
Name of person giving information	Alfred Rochester					How related to deceased	Father

CAUSES OF DEATH

121

How long

3 days
a few hours

Primary

Hematuria

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

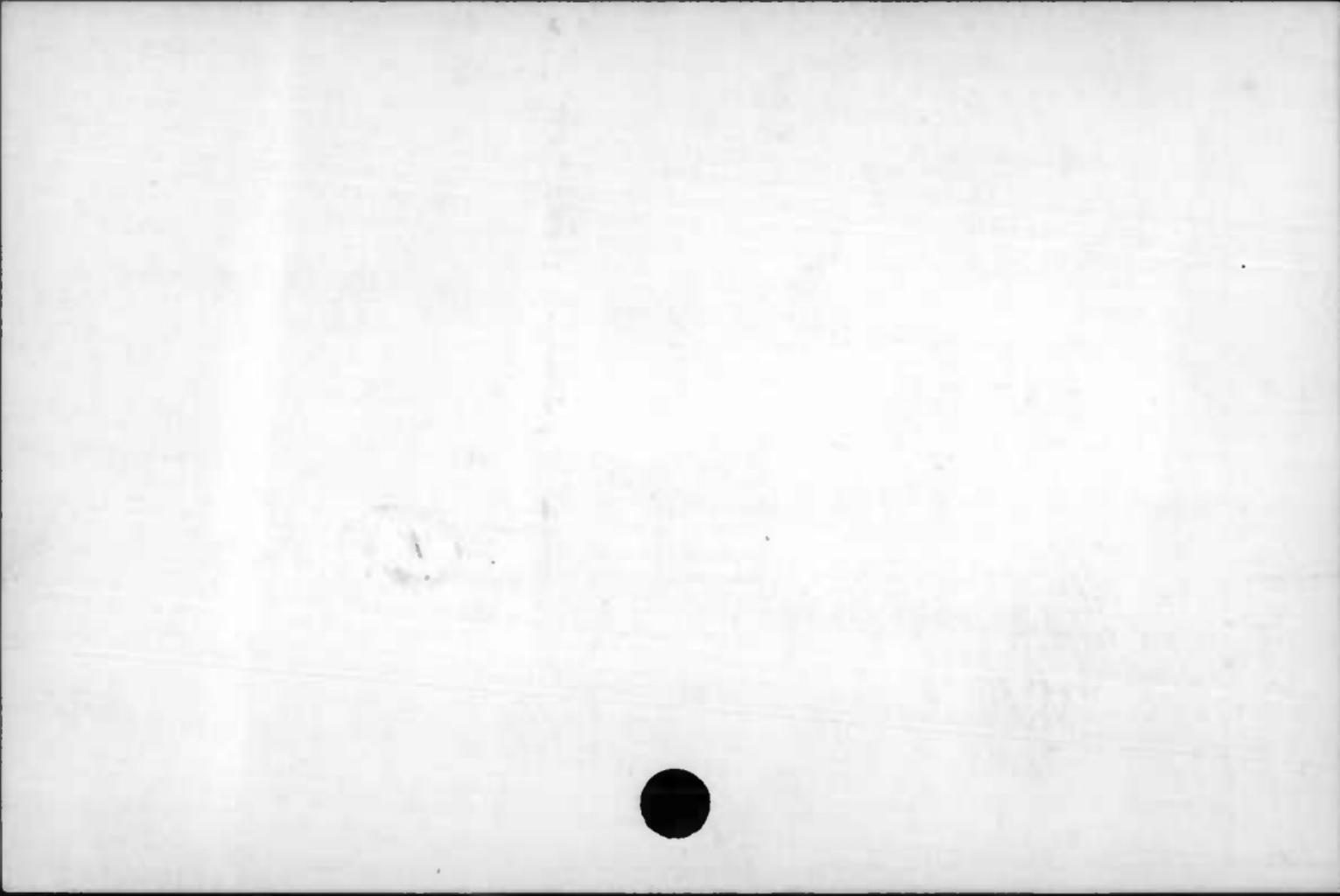
Yes.

Signature of Physician

Address

S. B. Dudley
Church Hill
Queen Anne's County Md

Accident or Suicide?



Name
in
Full

Sampson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Spokane

County
Lincoln County

MARYLAND

Date
of death 1908

Month

Feb

Day

27

Years

40

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Caroline Co

Occupation

Housewife

Where Residing if not
at place of death

Thomas Munson

Married, Single
or Widowed

Name of Wife or
Husband

Perry Sampson

Father's
Name

not known

Father's
Birthplace

Burline

Mother's
Maiden Name

Friend

Mother's
Birthplace

Burline

Name of person giving
Information

Thomas Munson

How related
to deceased

A friend

CAUSES OF DEATH

1

Primary

Pneumonia & Typhoid

How long

one month

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

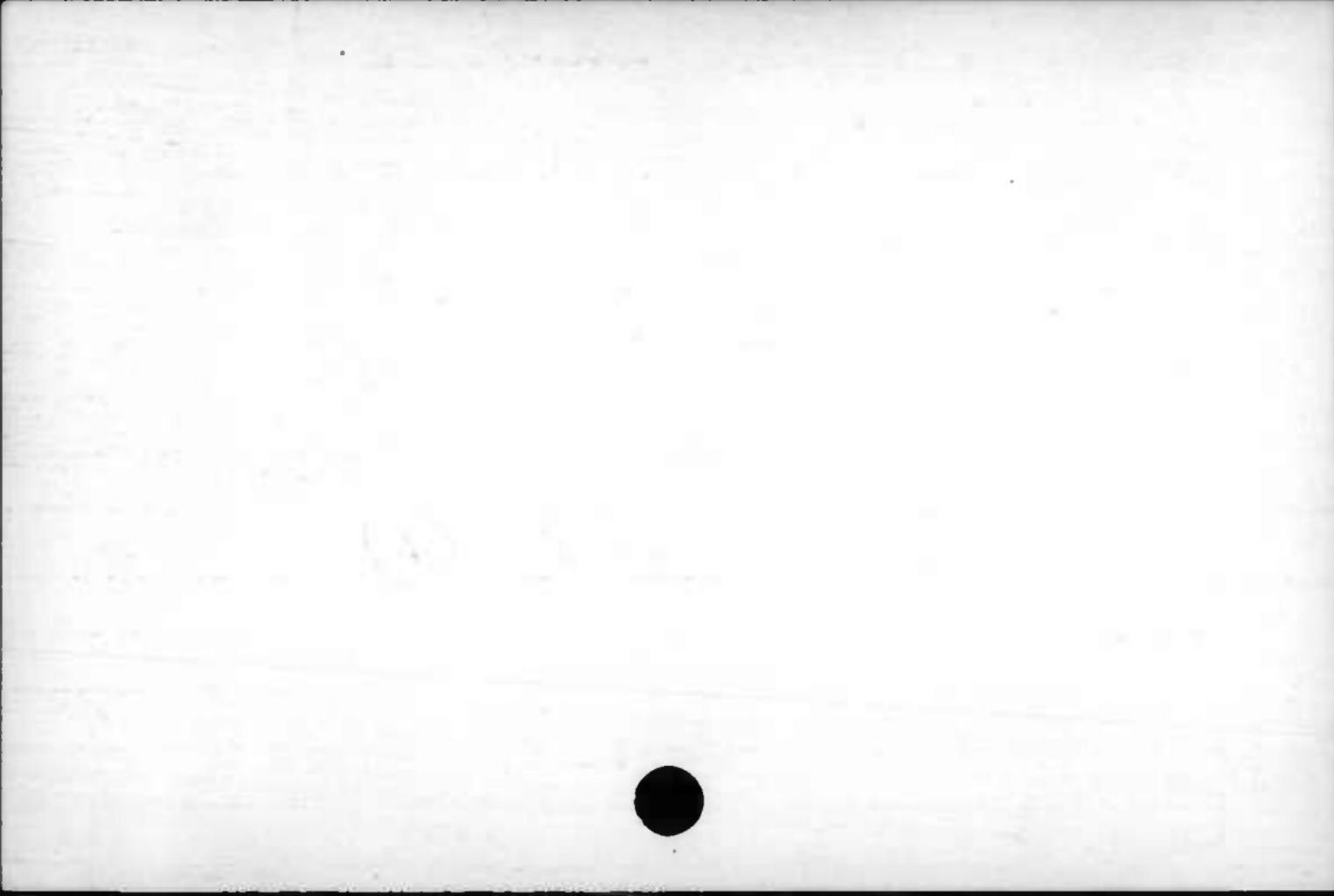
James E. Beeding M.D.

Address

104 Hayden St. d'

H
PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Adelaine Dunn Saunders.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Chester.

County

Green Anne

MARYLAND

Date
of death

190

Month

July

Day

11

Years

86

Months

2

Days

10

Age

Sex

Female

Color or
Race

Blk -

Birth-
place

Kent Is.

Occupation

Housewife

Where Residing If not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Thomas Saunders

Father's
Name

Joe

Father's
Birthplace

Green Anne Co.

Mother's
Maiden Name

Queen

Johnson

Mother's
Birthplace

Kent Is.

Name of person giving
Information

Rev. Wm R. Dunn

How related
to deceased

Son

PHYSICIAN
OR CORONER

Primary

Influenza

How long

2 wks

Immediate

Pulmonary Congestion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

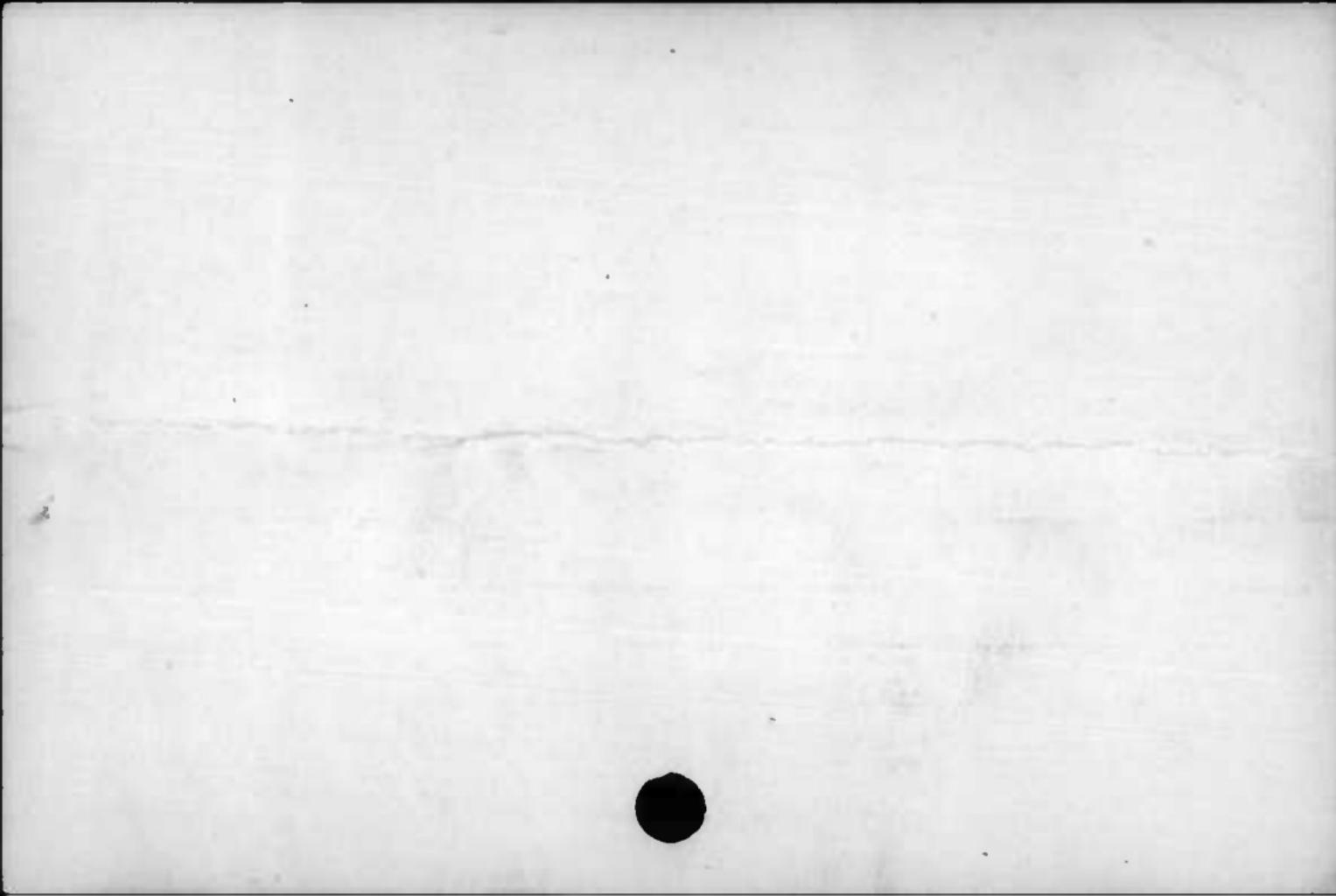
Signature of
Physician

Address

Dr Chas E. Snyder
Stratford
Md

H

Accident or Suicide?



Name
in
Full

William Henry Schwatka

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Crampton		Town	County		MARYLAND	
Date of death 1908	Month Feb	Day 7	Years 70	Age	Months	Days
Sex Male	Color or Race white	Birth-place Chesterville Md				
Occupation Stonekeeper		Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband Ella Schwatka					
Father's Name John Schwatka	Father's Birthplace Belto Md					
Mother's Maiden Name Mary Trenton	Mother's Birthplace Easton Md					
Name of person giving Information Agnes H. Robinson	How related to deceased Sister					

CAUSES OF DEATH

120

How long

10 Months

PHYSICIAN
OR CORONER

Primary

Nephritis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Arthur E. Landis M.D.

Crampton Md



Accident or Suicide?

29

Name
in
Full

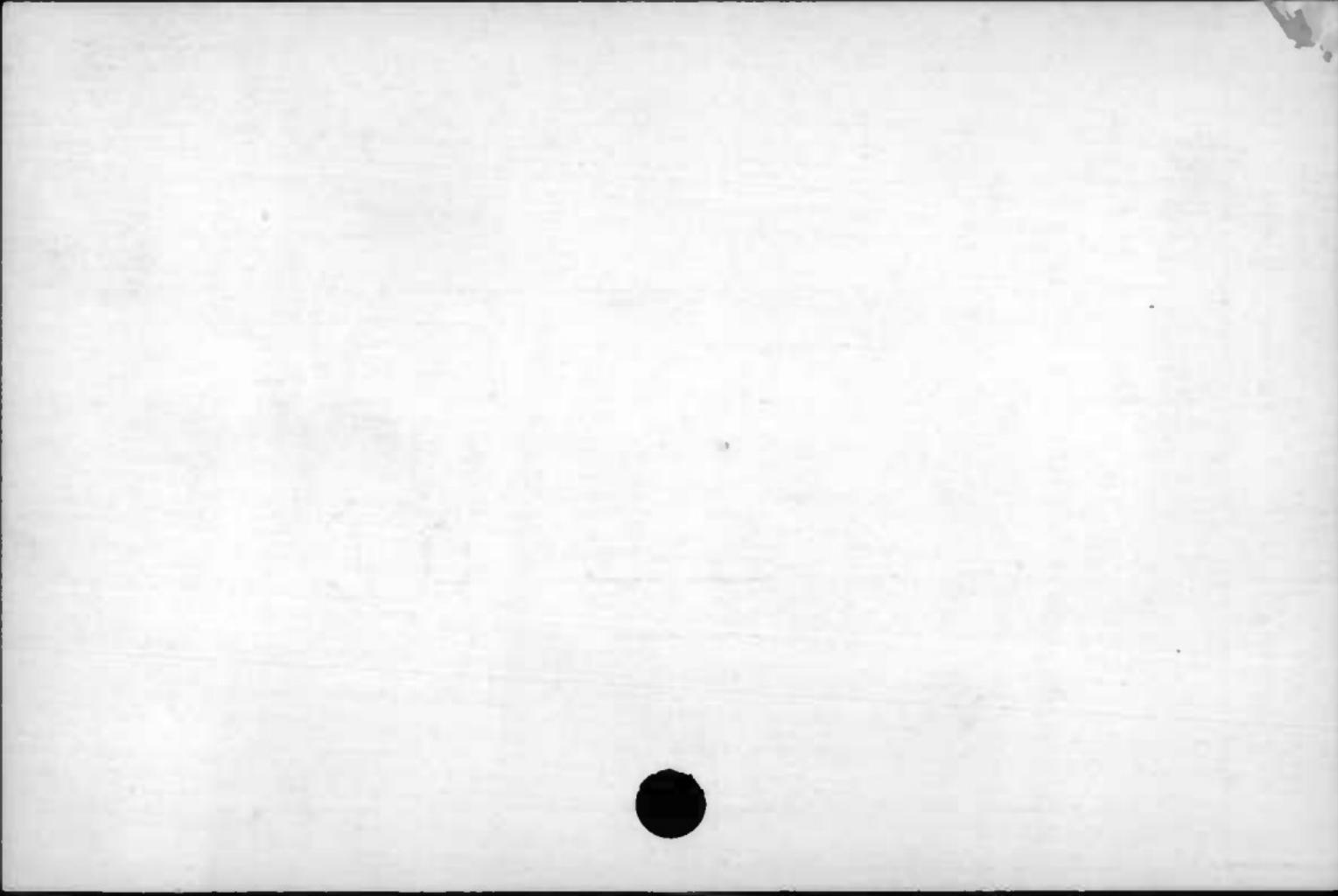
Mary Frances Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Emmanuel Scott		
Mother's Maiden Name	Ada Haylton		
Name of person giving Information	Emmanuel Scott		
CAUSES OF DEATH			
Primary	Result of Burns		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?			
Yes			
Signature of Physician			
Address			
167			
How long			
6 hours			
How long			
E. F. Smith			
Centreville			
Md.			

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Mary Jaur Semmell

CERTIFICATE OF DEATH

Died at <u>Baltimore</u>		Town	County <u>Fairfax</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>18</u>	Years <u>63</u>	Age <u>63</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Mo</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Mary Semmell</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Mary Semmell</u>			Father's Name <u>Anderson</u>	Father's Birthplace <u>Ind.</u>	
Mother's Maiden Name <u>Mary Kunkle</u>					Mother's Birthplace <u>Ind.</u>	
Name of person giving information <u>Sam'l S. Semmell</u>					How related to deceased <u>Son</u>	

CAUSES OF DEATH

104

How long

3 or 4 years

Primary

Chronic Stomach trouble

Immediate

Exhaustion, debility

How long

one year

Are the name, age, sex, color, date and place correctly given above?

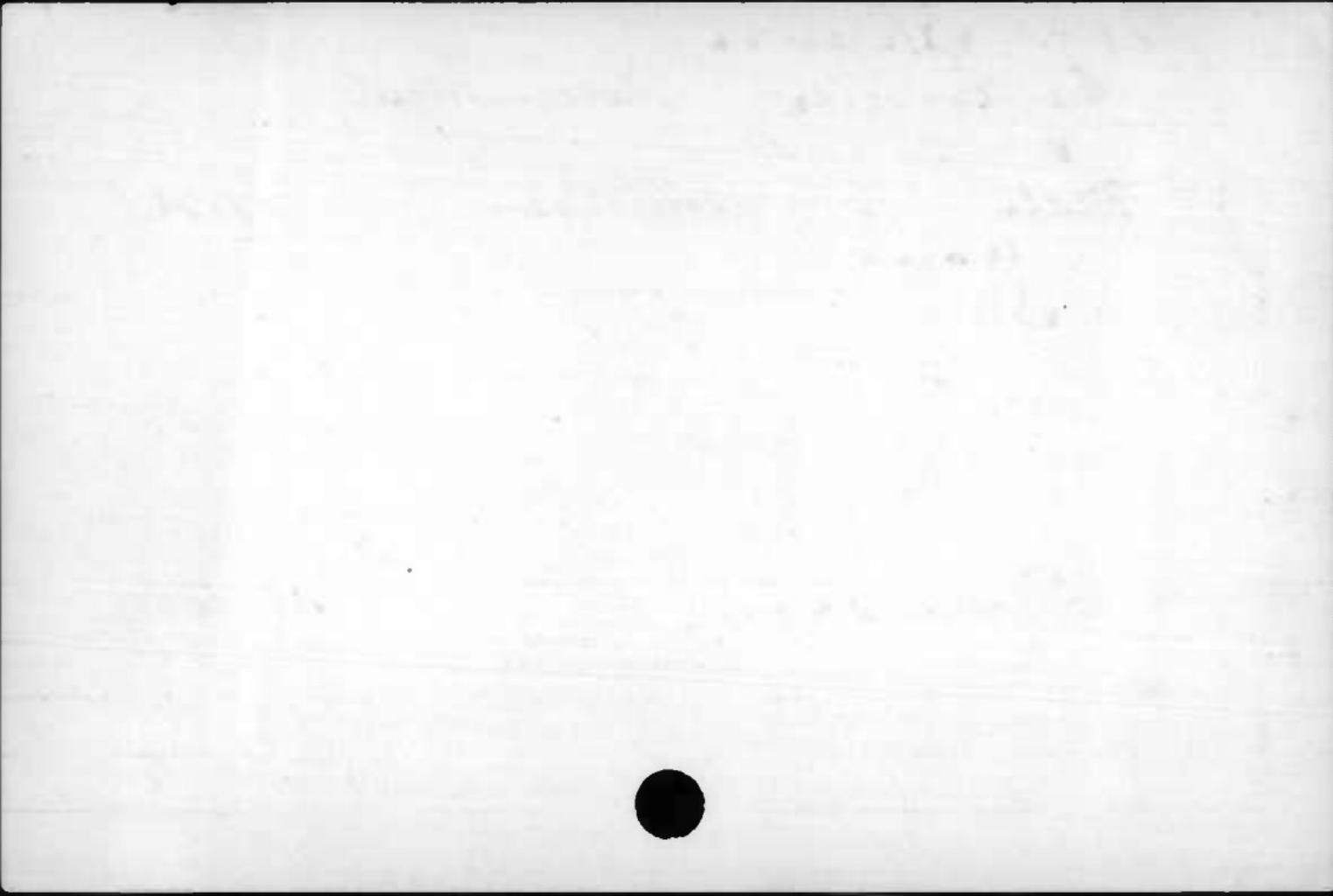
Signature of Physician

Address

Frodel Synder

Sudlersville Md

Accident or Suicide?



Name
in
Full

W. T. Shaw

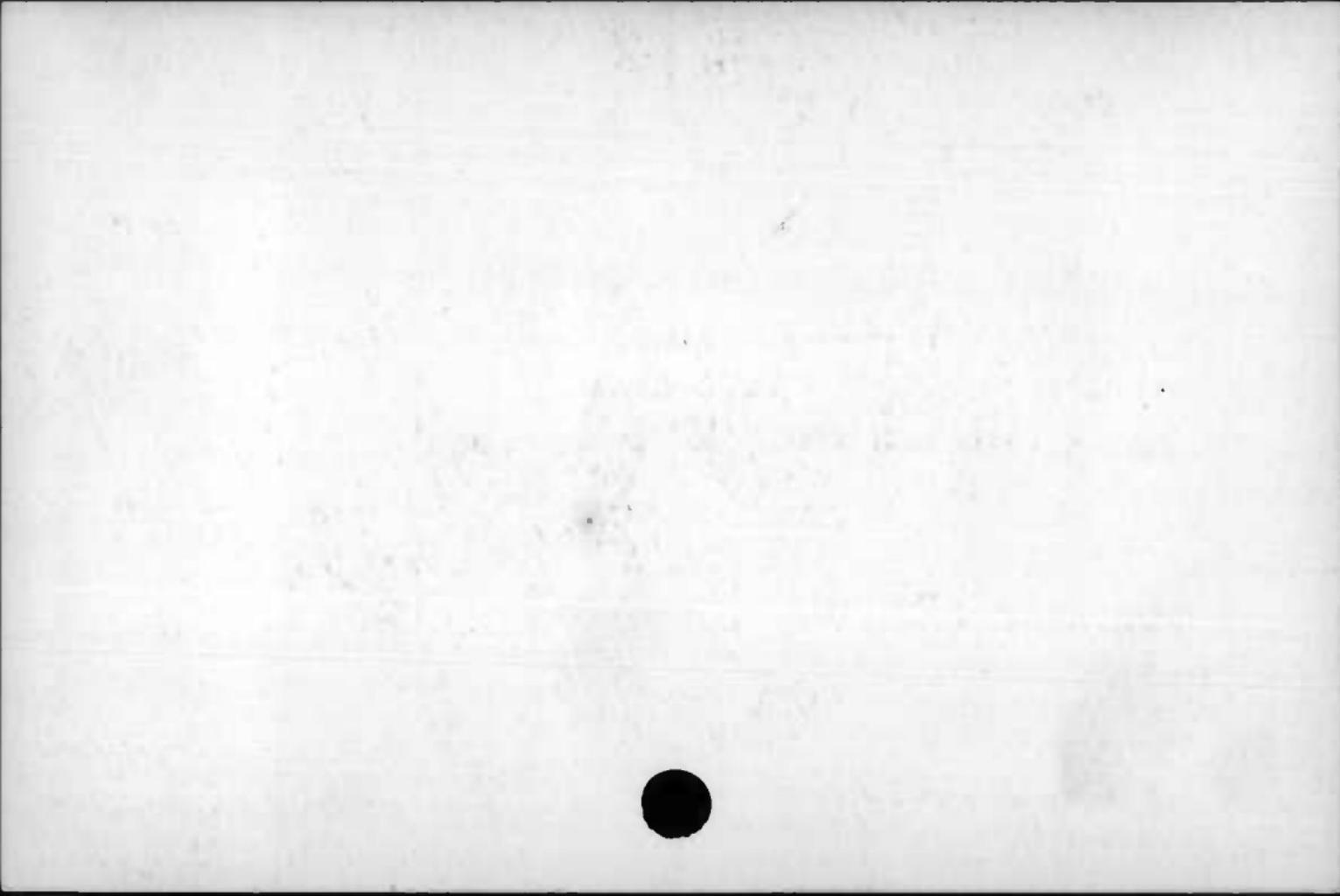
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Wm T. Shaw			
Mother's Maiden Name	Martha A. Baxter			
Name of person giving information	Capt. W. Coddington			
CAUSES OF DEATH				
Primary	Epilepsy all life			
Immediate	Lumbago Congestion 4 days			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. McElroy	
		Address	Baltimore Md	

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Robt Short

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months Days	
Sex	Color or Race	Where Residing if not at place of death				
Occupation						
Married, Single or Widowed	Name of Wife or Husband	Sarah Chamberlin				
Father's Name	Baptist - Short					Father's Birthplace
Mother's Maiden Name	Phillis Chamberlain (?)					Mother's Birthplace
Name of person giving information	Sarah Short					How related to deceased

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

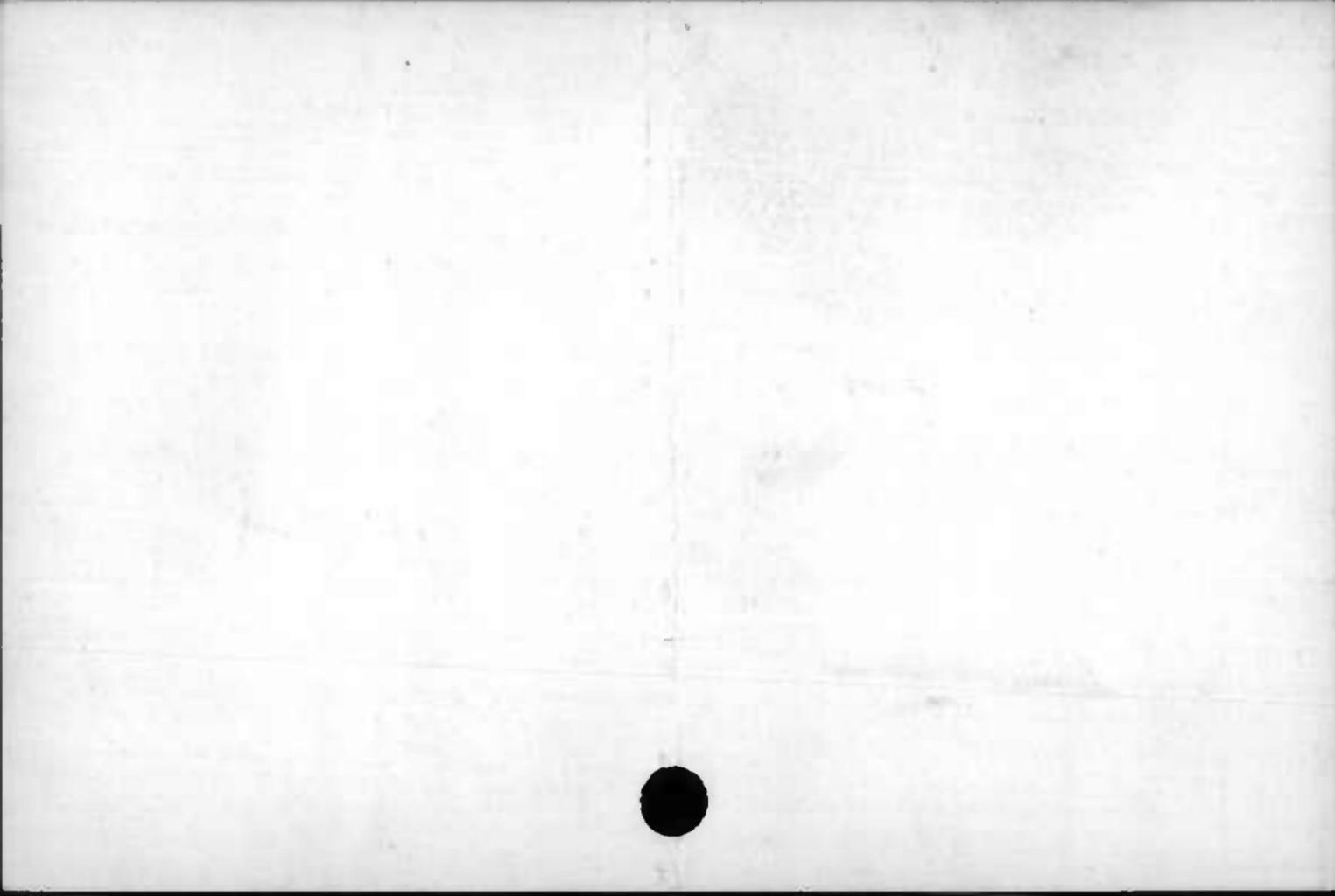
How long

How long

Angerter grippe, Pulmonary, about 72 hours
Gas. Bradley M.D.
Centreville
Md.

H

Accident or Suicide?



Name
in
Full

Elmer Harkey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Sudlersville</u> Town			County <u>Brunswick</u>	MARYLAND			
Date of death <u>1908</u>	Month <u>2</u>	Day <u>25</u>	Years	Months	Days	<u>2</u>	
Sex <u>Male.</u>	Color or Race <u>White</u>	Birthplace <u>Brunswick</u>					
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed	Name of Wife or Husband <u>-</u>						
Father's Name	<u>John W. Harkey</u>						
Mother's Maiden Name	<u>Annie E. Biddle</u>						
Name of person giving information	<u>John W. Harkey</u>						
CAUSES OF DEATH							
Primary	<u>Cyanosis</u>						
Immediate	<u>2 days</u>						
Are the name, age, sex, color, date and place correctly given above?			<u>Yes</u>				
			Signature of Physician	<u>J. P. Smith, M.D.</u>			
			Address	<u>Unpublished</u>			
Accident or Suicide?							

152

How long

How long

2 days



Name
In
Full

Katharine Elizabeth Walters

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

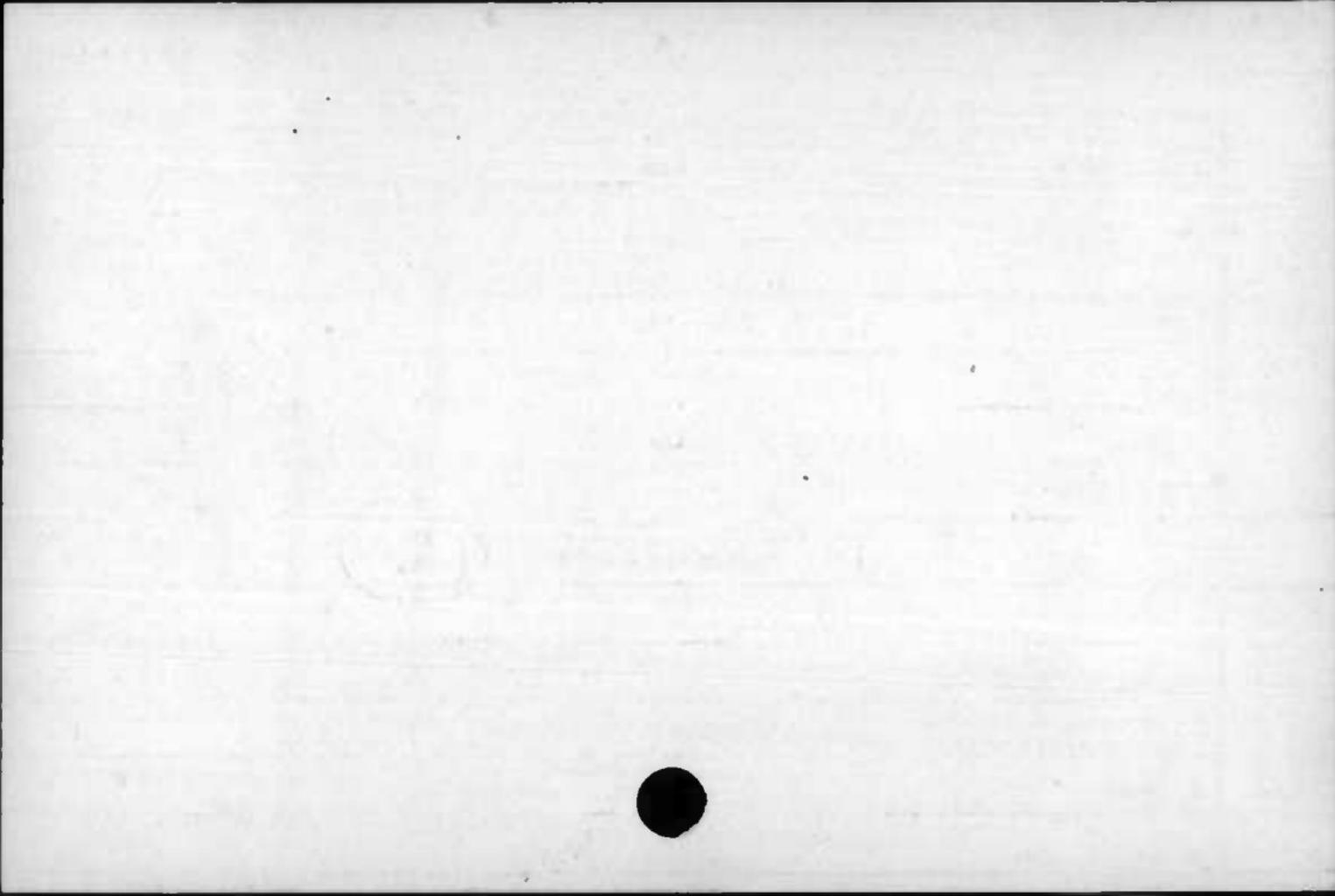
Died at <u>Dear Queenstown, Md.</u>		Town	County <u>Queen Anne</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Leby-</u>	Day <u>18</u>	Age <u>1</u>	Years	Months <u>3</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Chesapeake Middlesex Co., N.J.</u>		
Occupation <u>child</u>	Where Residing if not at place of death <u>Chesapeake, N.J.</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Wm Charles Walters</u>				Father's Birthplace <u>A.A.C., Md.</u>		
Mother's Maiden Name <u>Katharine J. Pigley</u>				Mother's Birthplace <u>Cranberry, Middlesex Co., N.J.</u>		
Name of person giving information <u>Katharine Walters</u>				How related to deceased <u>Mother</u>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <u>Cerebral laceration</u>	How long <u>One month</u>
Immediate <u>Cardiac failure</u>	How long <u>Two hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Rowland H. Ford</u>
Laceration of brain due to <u>fall</u>	Address <u>Queenstown, Md.</u>
Accident <u>suicide?</u> <u>fall</u>	



Name
in
Full

Silas M. Beavers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Fords Store	St. Mary's	
Date of death	Month	Day	Years
1908	Feby	9	—
Age	Months	Days	
Sex	Color or Race	Birth-place	
males	white	St. Louis, Mo.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Frank B. Watson	Father's Birthplace	Baltimore, Md.
Mother's Maiden Name	Ella V. Siowan	Mother's Birthplace	Baltimore, Md.
Name of person giving information	S. Beavers	How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Malnutrition

How long

3 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

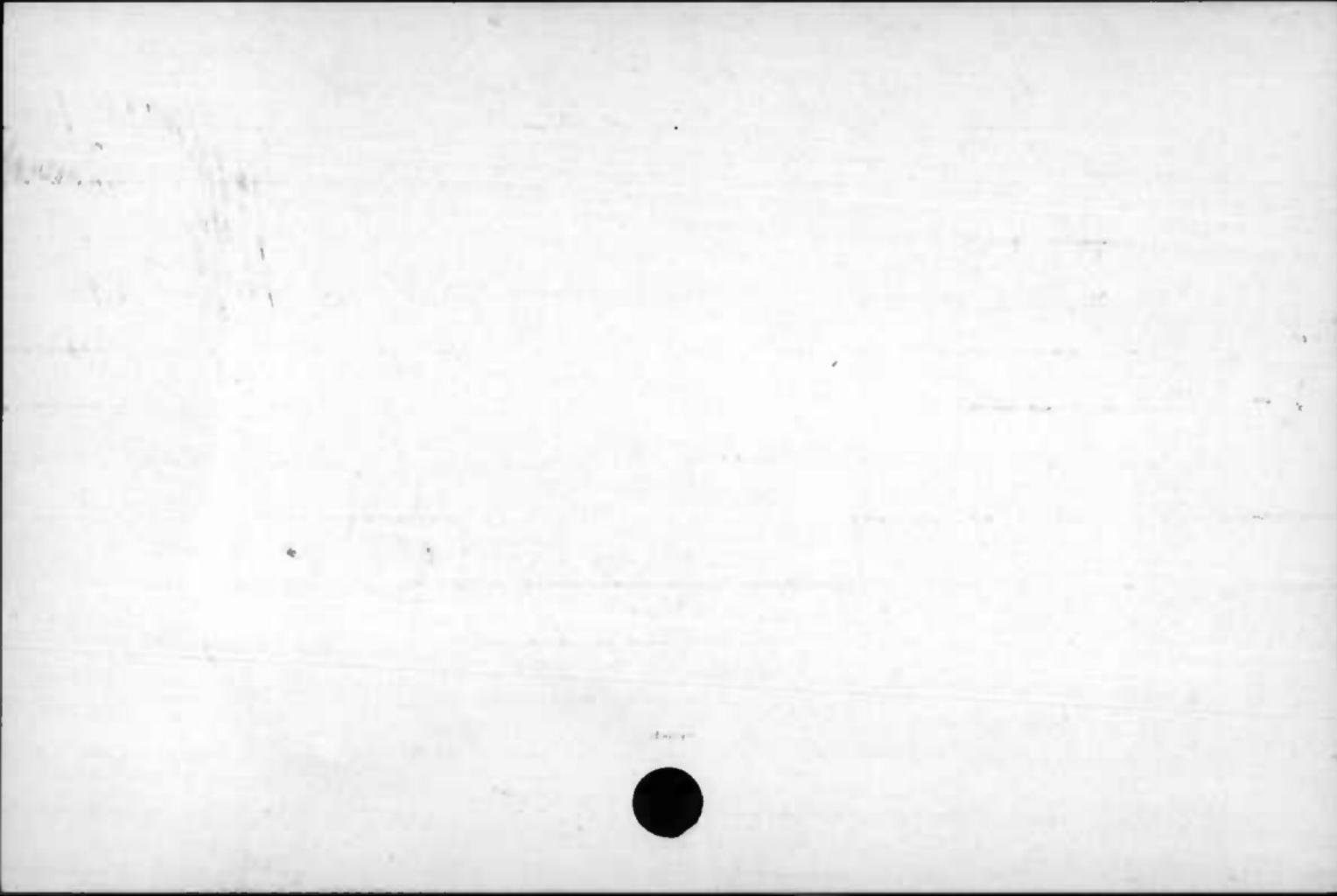
Signature of Physician

Address

Wm. Henry
Stevensville, Md.

Accident or Suicide?

No



Name
in
Full

William Wiggins Sr.

CERTIFICATE OF DEATH

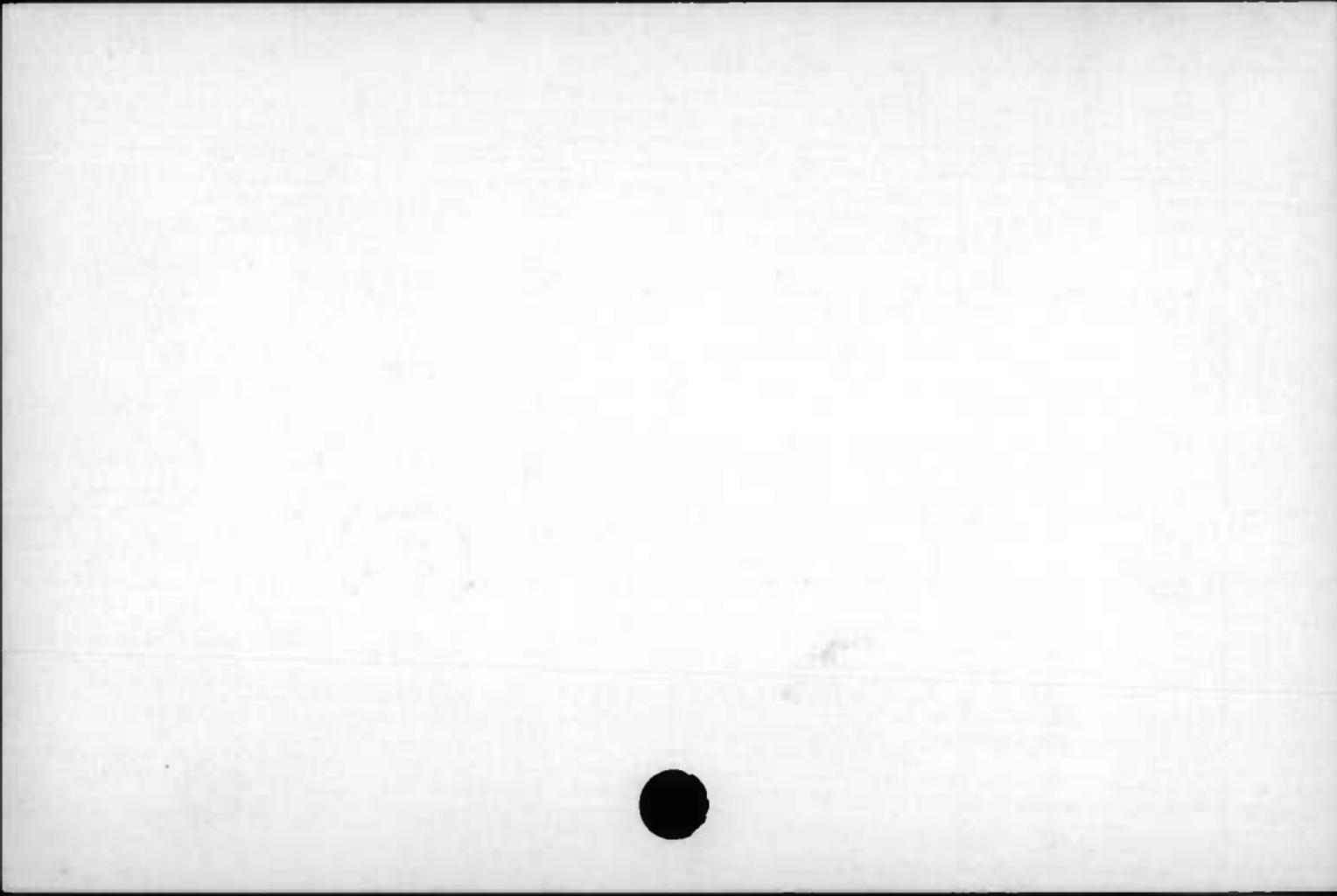
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb	10 th	Age 93	6	12
Sex	Male	Color or Race	white	Birth-place	Queen Anne Co
Occupation	lived with son			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Ann Carson		
Father's Name	William Wiggins			Father's Birthplace	Hobson
Mother's Maiden Name	Comeygs			Mother's Birthplace	Hudson
Name of person giving information	William Wiggins			How related to deceased	Son

CAUSES OF DEATH

154

Primary	old age		How long	for 4 weeks
Immediate	Failed to eat, comatose		How long	one month
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. N. Sheppard
			Address	Baltimore
Accident or Suicide?				3rd



Name
in
Full

Not named Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

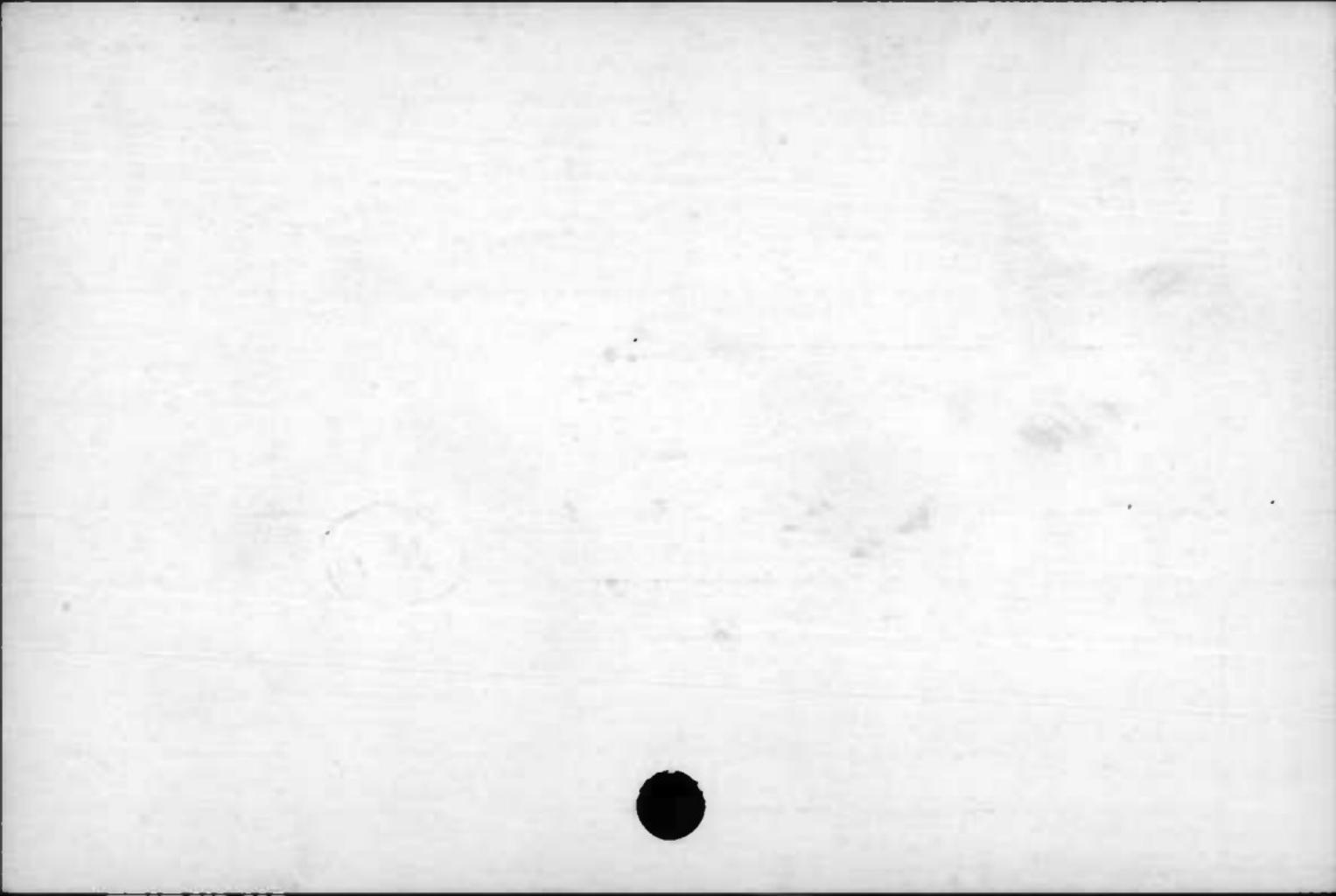
Died at	Town	County	MARYLAND	
Date of death	Month	Year	Days	Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	
Mother's Maiden Name	Matilda Griffin	Albert H. Wilson	Queen Anne Co	
Name of person giving information	Matilda Wilson	Mother's Birthplace	" " "	
CAUSES OF DEATH				
Primary	Congenital weakness			How long
Immediate	acute Indigestion			104
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	20 days.	
		Address	How long	
		E. F. Smith	10 hours	
		Centreville		
		Ned		

PHYSICIAN
OR CORONER

H

Accident or Suicide?

No.



Name
in
Full

Unknown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date found dead	Month	Day	Years	Months Days
of death 1908	2	17	Age Unknown	- -
Sex	Male	Color or Race	Birth-place	Unknown
Occupation	Unknown	Where Residing if not at place of death	Probably Baltimore	
Married, Single or Widowed	Not Known	Name of Wife or Husband		
Father's Name	Not Known	Father's Birthplace	Not Known	
Mother's Maiden Name	"	Mother's Birthplace	"	
Name of person giving Information	H. A. Legg	How related to deceased	Not at all	

CAUSES OF DEATH

172

How long

PHYSICIAN
OR CORONER

Primary

Leaving

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Coroner Emory S. Skinner

Address

Accident or Suicide?

Accident

150

